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ORIGINAL DEPARTMENT.

LECTURE.

GONORRHOEA IN THE MALE; ITS NATURE, CAUSES, AND TREATMENT.

Delivered in the Medico-Chirurgical College of Philadelphia,

BY CHARLES I. MITCHELL, PH.D., M.D.,

Professor of Chemistry, Sanitary Science and Venereal Diseases.

GENTLEMEN:—The subject to which I propose to call your attention this morning is gonorrhœa. Gonorrhœa is a local disease, confined to the urethra in the male, and the vagina and urethra in the female. We more rarely have it, by mediate contagion, affecting the mucous membrane of the eye and lids, the conjunctiva, where its action, producing gonorrhœal ophthalmia, is most disastrous.

Gonorrhœa is caused by the direct contact of the part with an infecting material. This material may be the purulent discharge of another gonorrhœa, the acrid uterine and vaginal discharge of an active uterine catarrh, or the partially decomposed and irritating flow of closing menstruation. Still more rarely it may be produced by the deposition of virulent purulent matter from a non-venereal source, such as a purulent ophthalmia, by the use of chemical irritants, or by an abnormal and irritating condition of the urine.

There are at the present day two theories regarding the origin of gonorrhœa. One claims that true or specific urethritis can only be produced by a special venereal poison, the gonorrhœal pus from another person suffering with the same disease. The other argues that there is no special venereal poison, and that the disease

can be produced by any irritating agent. At the present time the weight of evidence seems to be in favor of the non-specific theory. Experiments have shown that a most-violent inflammation can be produced in a healthy urethra by the deposition of purulent matter from a non-venereal source, and that this inflammation is in no respect yet known different from that produced by direct venereal contagion. Prof. Otis, of New York, has introduced into the urethra of a healthy individual the pus taken from the eye of a child suffering from acute ophthalmia, and in less than a week a virulent gonorrhœa was produced. A case of my own will also illustrate the fact that a slight irritating discharge from the uterus can cause a violent gonorrhœa. A young man, well known to me, came under my care for an attack of clap. The disease was in its acute stage, attended with all the symptoms of great œdema, chordee, painful micturition, purulent discharge, etc., etc. The attack proved to be one of the most virulent I had ever seen. I caused him to bring to my office the person from whom he had derived his trouble, but who I had some reason to believe was not likely to have a specific gonorrhœa. I made a most careful examination of uterus, vagina and urethra, with the result of finding only a slight congestion of the uterine neck, and no specific or other form of inflammation. She informed me, moreover, that intercourse had taken place before menstruation had entirely ceased. It so happened that a friend of my patient also visited this young lady, a night or two subsequent to my patient's encounter, and suffered no bad results whatever. I had every reason to believe that the facts had not been misrepresented, and that this was a case of gonor-

rhœa not caused by specific poison. I am treating a female patient for active uterine endocervicitis, and also have under my care her husband, who is suffering from a gonorrhœa contracted from this source. Another argument against the specific nature of gonorrhœa is found in the fact that in public asylums, or institutions, where a number of young girls live together, an attack of catarrhal vulvitis originating in one person may be communicated from one to another, until nearly all the members of the community become infected, and present a series of symptoms not to be distinguished from a specific disease. Ricord says, "women frequently give gonorrhœa without having it; he should have said *most frequently*. For one case of gonorrhœa resulting from contagion, there are at least three in which contagion, strictly speaking, plays no part. The opinion of many of our most prominent gynecologists is in accord with these conclusions. In view of these facts you must be very careful in passing judgment upon the virtue of a woman, especially with such odds in favor of her innocence.

Gonorrhœa can also be produced by ignorant "self treatment." A man exposes himself to a suspicious connection; fearing that he may become infected, he tries to prevent the disease from appearing, and accordingly goes to the drug store and requests the clerk to put him up a twenty-five cent bottle of injection, "something strong, that will take it out of his system." Or some kind friend gives him a prescription which is very good, as he was cured by its use. The kind friend may have suffered from a gleet, or chronic urethritis, and when our transgressor uses on a normal or but slightly inflamed urethra the injection intended for a chronic case, you need not be surprised to find him suffering from the disease he so ardently desired to prevent. I have been called upon a number of times to cure an active clap originating in this manner, from nothing but a little mucous discharge from the urethra, which, if left to itself, would have disappeared in a few days.

Again, in males who have a stricture of the urethra, or a chronic gleet with granulation, any indiscretion, such as a prolonged "spree," excessive intercourse, or intercourse with a woman suffering from a slight leucorrhœa, may be sufficient to inflame these already weakened parts, and light up on the old site an active attack of gonorrhœa. I cannot refrain here from giving you Ricord's celebrated receipt for catching a clap. "Select some woman of a pale, lymphatic temperament—a blonde is better than a brunette—and the more 'whites' she has the better.

Take her out to dine; order oysters first, and don't forget asparagus afterward. Drink often and freely, white wines, champagne, coffee, liqueurs, they are all good. After dinner dance a while, and have your friend dance with you. Get well heated during the evening, and quench your thirst without stint, with beer. At night play your part valiantly; two or three times are not too much; but more would be better. The next morning do not forget to take a prolonged hot bath; moreover, do not omit to take an injection. This programme having been conscientiously followed out, if you don't have a clap some good deity must have saved you."

Fournier's statistics are also of much interest in this connection. In making an investigation of the class of women from whom gonorrhœa is derived, he found them to be divided as follows:—

Public prostitutes.....	12
Clandestine prostitutes.....	44
Kept women; actresses.....	188
Shop girls,	126
Domestics.....	41
Married women.....	26

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I have found a large proportion of cases in my own practice to be derived from illicit intercourse with married women. I have found also, upon inquiring into the history of these cases, that nearly all of the married women who caused the disease were suffering from some form of uterine disease. This is additional proof, to my mind, of the non-specific nature of gonorrhœa for had it been specific the husband would not have escaped. As it was, being "acclimated," so to speak, he did not experience ill effects. I will first consider the disorder in the male.

The pathological changes which take place in an acute attack of gonorrhœa consist chiefly of a hyperemia of the mucous membrane, with swelling, pain, and increased cell proliferation. The epithelial cells thus thrown off are imperfectly developed, and consequently readily undergo fatty degeneration and become puriform. The disease travels backward from the meatus, and according to Desormeaux, has by the eighth day involved the anterior half of the urethra, the mucous membrane being reddened, roughened, and devoid of polish, with bare spots like those seen in balanitis when the epithelium has exfoliated. These changes remain the same in the advanced stage, only the lesions involve the deeper portions of the canal, particularly the sinus of the bulb, the membranous and even the prostatic urethra. With the subsidence of the

acute symptoms, the inflammation disappears from the greater portion of the channel, and limits itself to special points, probably the most frequent being those just spoken of. Here granular or fungous elevations form, of a deep red color, and the mucous membrane becomes thickened, and often tough and horny. These patches prolong the gonorrhœa into a gleet, and lead inevitably to stricture.

The prognosis of gonorrhœa is generally good, the disease being self limited, and in ordinary cases without treatment not lasting over six weeks.

The period of incubation of gonorrhœa is from one to six days. The more virulent the disease the sooner the symptoms appear, and the severity of an attack may often be predicted by the duration of the incubation.

The first symptom of gonorrhœa is a slight tickling or pricking sensation at the meatus during micturition. On examination, this is found to be a little more florid than usual, and slightly pouting, and on gentle pressure, one or two drops of a clear, viscid liquid can be made to appear. This is the first stage. It lasts from twelve hours to two or three days, the discharge gradually increasing in quantity, becoming milky in color, and showing under the microscope the presence of pus corpuscles. At the same time the pain in urination becomes more noticeable. The second or acute stage now commences. The discharge becomes quite profuse, thick in consistency, and yellowish, and even slightly greenish, from the presence of blood corpuscles. It also possesses a slight, peculiar, disagreeable odor. The urethra itself is slightly prominent along the under surface of the penis, and is sensitive to pressure. The glans penis is swollen and congested, and the prepuce is often so enlarged and œdematous as to make the head of the penis twice its natural size, and to render it impossible to uncover the glans. The whole penis is in a state of partial erection, much congested, and painfully sensitive. Micturition is now extremely painful. The pain is cutting, burning, and scalding, and is felt along the whole ante-scrotal portion of the urethra, often extending also to the deeper parts. The urine is ejected spasmodically in small jets, the stream being forked and irregular. At this stage of the disease another complication is likely to occur. At night, after the patient has retired to bed, he is troubled with peculiar painful erections; these symptoms have received the name of *chordee*. The genital organs, in consequence of the inflammatory nature of the disease, are in a highly sensitive condition, and are readily excited by voluptuous dreams, a full

bladder, or the contact of the bed clothes. He will awake, therefore, with an excessive erection, the penis being bent in the shape of an arch, with the concavity downward. This peculiar condition is caused by the extension of the inflammation from the urethra to the delicate tissues of the corpus spongiosum. Plastic lymph is poured out around the canal, infiltrating the tissues, glueing them together, and rendering them less capable of extension than those of the corpora cavernosa. Hence, the urethra is too short for the latter, now much enlarged by erection, and accordingly the penis is bent downward, the inelastic corpus spongiosum acting like the string of a bow. The suffering attending *chordee* is very marked.

Hemorrhage from the urethra may occur at this period. It may be produced by a simple erection, but more frequently follows some condition of prolonged excitement, such as a debauch, or sexual excitement. The practice of "breaking the *chordee*," as it is termed, will frequently produce copious, and even dangerous bleeding. In this, the patient bends the curved penis violently, so as to straighten it, with the result of rupturing more or less of the congested blood vessels. It is a dangerous practice.

Other complications, such as acute cystitis, prostatitis, orchitis, or cowperitis, caused by the inflammation extending to the bladder, prostate, testicles, or Cowper's glands, will be described when I come to speak of the affections of those organs.

The stage of gonorrhœa which I have just described is variable in its duration. As a general rule it lasts from one to three weeks, being much influenced by the habits and constitution of the individual.

The last or subacute stage of gonorrhœa is characterized by the disappearance of all acute symptoms, and a gradual return to a normal state. The discharge becomes less and less purulent and scantier in quantity; the pain on urination disappears, the swelling subsides, and the urine is passed at the usual periods. The duration of this stage is much influenced by treatment; it may be soon cut short, or left to itself, may linger for months.

Gonorrhœa acts differently upon individuals; in some the disease may never be more than subacute, or chronic, in others the acute symptoms may be very severe, and be attended with great constitutional disturbance. Professor Agnew mentions a very interesting case, where, in three days from the commencement of the attack, the constitutional symptoms ran so high as to

finally develop blood poisoning, followed by death.

To be continued.

COMMUNICATIONS.

SHOULD BLOOD LETTING BE MORE FREQUENTLY EMPLOYED?

BY THOMAS H. MANLEY, M.D.,
Of New York City.

If one were to solve this question by leaning on modern authors, in either therapeutics or clinical medicine, he should answer emphatically, No! If again asked to give some of the reasons why blood letting, at the present, is ignored, and by many condemned, he would find it more difficult to answer.

Let him first proceed to answer the second question; and to do so satisfactorily, he must first show that disease, in its course and termination, is different to what it has been in ages past, requiring other milder remedies to abort, subdue, or moderate it. Failing to do this, he must show, as a matter of fact, that since the lancet and the leech have been laid aside, the death rate has been diminished, and under the administration of drugs alone, maladies have taken a milder course; he must prove that especially inflammatory disturbances of the economy have been less mortal than formerly, and that their sequelæ have been less formidable and more curable when met with narcotics, ice-water baths, and the so-called antipyretics, as salicylic acid, quinia, etc. But when statistics, as well as everyday experience, are consulted, it will be found that proof of the affirmative cannot be sustained. The timid and doubtful beginner, to justify his views, says Professor So-and-So doesn't bleed; during my three years' course at an American medical school, I never saw a person, young or old, bled by my instructor, even by the application of the scarificator or leech; a lecture was never given on the subject by the surgeon or teacher of practical medicine; in fact, I supposed the art so dead and obsolete, that a knowledge of it was non-essential.

In such a state of blissful ignorance is our modern medical man when he offers himself to the public; and he will soon be called upon to preserve health, prolong life, and avert death. A noble representative of the medical profession! He may be able to recite Virgil, read Homer, or quote Cicero, but when the time comes in his patient's case that the lancet should be used, or the leech applied, he is at sea. He neither knows how or when to bleed.

No single agent is known in medicine product-

ive of so much good, when judicious care is exercised, as venesection, or the local abstraction of blood by the leech, scarification, or puncture. An explanation cannot always be rendered as to how it acts, either by appealing to physiology or pathology. It is frequently employed empirically, as in cases of hæmoptysis, and other instances.

But pathology—though through it we may sometimes recognize mortal maladies, has it cast a single gleam of light on the treatment of diseases, except those managed by the surgeon? Watson says in his lectures, that "Lænnec's discovery of auscultation and percussion rather retarded and obscured the treatment of those pulmonary affections which it assisted the world to recognize." Pathologists to-day may have a war of words about the identity of diphtheria and croup; the varieties of pneumonia; tubercles as the only exciting cause of tuberculosis, etc. But withal, have they, in any material way, contributed anything toward an improvement in the treatment of those affections?

The same drugs and applications for all pulmonary affections, the inevitable poultice, plenty of opium to force sleep, aconite, veratrum viride, and digitalis. The fact of a man's lung being loaded with an undue quantity of stagnant blood—as it were—pressing up and down against an inflamed pleura, is of no consequence. That the heart is laboring under a terrible strain, to force as much blood through one lung as should normally go through two, is regarded in the same manner. Plenty of digitalis in order to rouse the flagging cardiac muscle. Meet delirium with chloroform, and the removal of the cause that gave it birth is of no moment; *the man must sleep.*

In the primary stages of brain, pulmonary, rheumatic, and abdominal inflammations, blood letting is the sheet anchor. Keep back your poisons and give nature a chance. In cirrhosis of the liver, the overcharged portal system finds a vent through the stomach.

"Sustain the patient," is the cry; "most inflammatory diseases are self limited." The most fallacious and dangerous doctrine ever enunciated. An admission that the medical art is powerless, is a monstrous nuisance.

By sustaining a man in high fever, is generally understood, to cram him with strong solutions of albuminous substances, as milk, and meats; to this is added free stimulation with alcoholic drinks. When every gland in the body is in a state of intense congestion—no single one doing its full duty; when the power of assimilating

food is crippled or destroyed, and the patient lying prostrate, making no expenditure of strength, he is recommended strong food, such as he might, perhaps, loathe in health; and to make matters worse, stimulants are given. When nature, after bravely struggling against the ravages of the fever, threatens to terminate existence, instead of unloading the vessels of a portion of their blood, new stimulants are poured into the man's stomach. The patient sinking is cruelly crammed with so-called *nourishment*, which does not nourish, however. Many of those who advise the plan of stuffing, if I may be allowed to use the term, are also believers in the self-limitation of disease. No doubt they sometimes limit *life* if they cannot the disease. They can occupy four or five lectures on tissue changes in the kidney, and alterations in the quality and quantity of the urine. But can they, if they try, show us how, by this demonstration of the dead man's kidney, it will in any way enlighten us as to the cure of one afflicted with a similarly diseased organ? Our province is to relieve distress and effect a cure. In attempting to prove how this is always accomplished, one only plunges further into those mysterious labyrinths of nature where, for ages, the earnest efforts of man have failed to penetrate. Hence, I hold that this extensive research in studies of pathology has been at the expense of therapeutics, and consequently at a large sacrifice of human life.

No one can fail to see that many graduates in medicine, in America, are totally unfit to treat a case of violent fever. They may, perhaps, be able to give the diameters and varieties of blood globules, and give the theories of the multiplication and birth of bacteria, but to perform the functions expected of them at the bedside, they are incompetent.

I make this digression, in answer to the question, "how does venesection beneficially act, when judiciously employed?"

When it is decided to bleed, do it early, and continue it till an impression is made on the system. Lay aside your stimulants and narcotics, as well as rich nourishment, till the fever is aborted, or if it exists, till it is abated. Then, when the patient craves it, give demulcents and acidulated drinks, till the temperature of health is restored. Now for nourishment.

The attending physician never saw a man bled; he might drive the lancet into the brachial artery; and then it is not *fashionable* to bleed now-a-days.

Phlebotomy, to be effectual, must be performed

at the onset of congestion or inflammation, with an unsparing hand, till its operation is perceptible. Of course it is understood that careful judgment must be exercised in selecting cases for which this treatment is appropriate. Why nature often *admonishes* us how indispensable it is. Epistaxis is often the precursor of fever, and when fever exists, at its crisis, and men of long experience and good judgment claim that phthisis is most curable when the lungs bleed moderately. It is maintained that intense congestion and violent fever, in their incipency, can be better checked and controlled by free depletion with the lancet than with any other known method. It is denied that death is due to prostration, as that term is commonly understood, from want of nourishment, or prolonged exertion; a most illogical and dangerous assertion. More abstraction of blood in febrile diseases, congestion of the brain, lungs, or liver especially; we will then hear less of apoplexies and heart disease. Avoid giving nourishment without having distinctly in view what it is given for. Give medicine, then, with a sparing hand, no matter how much an especial drug is vaunted; bestow more care on therapeutics, the treatment of the sick, and less on morbid anatomy and pathology. It is well known that man can live on one kidney and one lung. It is also a fact, about which there is no dispute, that there is normally an excess in quantity of blood actually needed by the economy, and that primarily the blood is the seat of all diseases.

Cups, dry, or wet, are most conveniently applied on the chest and abdomen. On the chest, their effect is most noticeable when pain exists, as in pleurisy. Sometimes, when "the spool of the breast is down"—coxalgia—many silly people declare the *bone* in its place after the application of a few cups. In abdominal inflammations generally, we must substitute the leech, on account of its extreme sensibility. Cups are much used in spinal congestion and inflammation and occasionally in sciatica.

In closing my remarks on this very important subject, I would repeat, that my aim has been to call attention to the necessity of reviving blood letting; that it has lately been too generally ignored; and to the ignorance of the manner of performing it; and that the timidity of the attendant is due to unpardonable negligence and carelessness of medical teachers.

And it is only reasonable that the most ready measure of reducing its quantity, and restoring it to its natural state, is that which conduces to reëstablish health. Give the glands and emunc-

tories a chance, by rest, to complete the work of restitution. No more, then, of self limitation of disease. The doctrine is pernicious, and leads to the conclusion that relief cannot be had by artificial interference.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON.

Reported by GEO. F. SOWERS, M.D.

Mitral Disease following Rheumatism.

GENTLEMEN:—I propose offering to you for consideration, this morning, two different and yet similar cases. I say that I am to offer two cases, but in reality, I shall be able only to show you the pathological specimens from one of the patients, she having died within a few days of the time of her admission to the wards, and in the interim between two clinic days. In both instances we have had varieties of rheumatism to deal with; in one a free, frank expression of disease, and which, unfortunately, proved too much for the vitality of the patient; the other, a more or less hidden manifestation of the dyscrasia, and one in which, unless you were familiar with such cases, you would be liable to overlook the exciting cause. The clinical history of L. L., the specimens from whose body I show you, was as follows: She was a German; single; and aged sixteen years. She was fairly healthy until she was six years of age (or about ten years ago), at which time she suffered an attack of inflammatory rheumatism; after recovering from this attack, which, by the way, was sustained before emigrating to America, she enjoyed good health until three years ago, when, immediately after her arrival in this country, she had another attack of acute rheumatism, which lasted five weeks; at the time of this last seizure she suffered severely from intense pain in the chest. Since this time she has never been able to work; there has always been present more or less pain in the chest; dyspnoea, which was especially marked upon making any, even the least, exertion. Last July her abdomen and legs commenced to swell, but this condition promptly disappeared under treatment. About one month ago the legs and abdomen again began to swell, and five days ago (I read from the notes taken on her admission, November 2, 1881), this dropsical condition had reached such a degree that blebs had formed on the skin; these ruptured and left superficial ulcerating surfaces. Upon admission to the hospital the patient was found to be cyanosed, the pulse marking 120 beats to the minute, and very weak in character, the respirations, which were short, being 46 to the minute. Legs very oedematous, the serum oozing out through the skin, superficial ulcers being situated all over the inner side of the thighs and legs. Abdomen much distended, percussion dull over the lower part of the abdomen, especially when the patient is placed in the sitting posture, fluctuation being distinctly felt. The hands likewise are oedematous. The apex beat of the heart is more distinctly felt in

the sixth interspace, 2½ inches outside of the left nipple, the whole side of the chest heaving with the impulse of the heart; the area of præcordial dullness is very much increased, there being also a marked systolic murmur, which is somewhat musical in character, this sound being heard most distinctly over the apex of the heart; the vessels of the neck, which are very distinct, can be seen to pulsate markedly. The examination of the lungs gives negative results; urine is acid, with a specific gravity of 1.028, albumen being present in very large amount. We will now leave the notes made by the resident physician for a few minutes and study the case and specimens on their own merits. We have here the history of a girl whose father and mother died of typhoid fever, which is not a trouble capable of being inherited, who during their lives were healthy, and none of whose family, with the exception of the child whose case is under consideration, have ever suffered any sickness of any kind. We have here the story of a patient who suffered repeated attacks of inflammatory rheumatism, but between which attacks she did not complain of ever having suffered any particular inconvenience. I think, however, that, unconsciously, she was suffering under a diseased condition which of itself was not sufficient to greatly inconvenience the economy; after a time, however, the heart lesions, which were the consequences of the first attack of rheumatism, made themselves manifest, and to such a degree that when I first saw her she was cyanosed, her expression of countenance being anxious and disturbed, and she was unable to lie down, owing to the great difficulty experienced in obtaining her breath when in the recumbent position; the conjunctivæ were jaundiced, the nails blue, and the whole surface of the body had assumed a darker hue than in health. In health the heart's impulse is detected in the fifth interspace, below and within the nipple, but here the whole of the left side of the chest moved with every motion of the heart, the most distinct impulse being, however, in the sixth interspace and 2½ inches to the left of the nipple, showing that the apex of the heart was about 8 inches to the left of its usual position; to the right of the sternum, and at and above the line of the third rib, an impulse could also readily be felt. The percussion dullness extended very considerably to the right of the sternum, and so high up above and below the usual point that I thought we might have present an effusion into the pericardium, but the very great distinctness of the sound of the heart and the impulse in this region, showed that this was not the case. From the wide extent of percussion dullness, coupled with the fact of the feebleness of the impulse, I concluded that we had to deal with a case in which, while there was hypertrophy present, dilatation of the heart was the predominating condition, and that the heart muscle had ceased to be a compensating force in overcoming the mechanical defects in the valves. On auscultation a loud systolic murmur could be heard at the apex of the heart, this sound being somewhat musical in character.

Upon listening at the pulmonary and aortic cartilages the second sound was distinctly heard, so that these valves were evidently healthy. The murmur was always most distinctly heard at the

apex of the heart, and all the sounds of the heart pointed to regurgitation through the mitral valves. This, however, was not the only difficulty present. On examining the urine it was found to be highly albuminous, with a specific gravity of 1.028. The question arose at this point as to whether the kidneys were primarily or secondarily affected; from the specific gravity of the urine, and the fact that, as I show you, the kidneys are simply congested deeply, and do not present the evidences of organic disease, the opinion I expressed during the patient's lifetime, that the kidneys were secondarily involved, is borne out by the post-mortem examination.

Ascites is rather unusual in disease of the heart, or at least it is unusual to so great a degree as was present in this case. The large effusions into the abdominal cavity and into the lax connective tissue of the general system is accounted for by the congestion of the venous circulation, which was superinduced by the heart's defective condition; the whole of the portal circulation being congested, relieved itself by a simple process of leakage into the abdominal cavity, the blood vessels of the rest of the system following suit, the result being the production of so great a degree of dropsy as to seriously incommode the patient, if not, indeed, to endanger her existence. The patient's respiration was so seriously embarrassed by the presence of so large an amount of liquid in the abdominal cavity, that I determined to resort to tapping. I must warn you, however, that in these cases this operation is not entirely free from danger; for where a patient is weak and depressed, as this woman was, the chances are that she will become a great deal weaker under the process; still, if you deem it essential that the operation shall be performed, do it, but watch the patient closely while you are doing it. I drew from my patient fifteen pints of liquid, when, as she showed symptoms of syncope, I desisted and administered stimulants to her; after the operation she was greatly relieved, and rallied somewhat in her general health and condition. Upon her admission she was ordered half an ounce of the mist. Bash. with the infusion of digitalis (3j) every three hours, together with 30 grains of the compound powder of jalap, the result being the free opening of the bowels and an easier condition of the patient. Upon looking at the lungs we find them healthy. The heart is hypertrophied and dilated somewhat; three fingers can be introduced into the mitral orifice, and from the ease with which they enter, I doubt not that when the organ was first removed from the body four could easily have found an entrance. The left auricle is dilated and its walls thinned. The aortic valves are healthy. The spleen is deeply congested. When she was brought into the ward we had but little hope of benefiting her, even temporarily; we could but temporize, and make her comfortable, which we attempted to do by means of digitalis, Basham's mixture, and stimulants; there was a temporary improvement, which lasted only for a few days, for, as the notes tell us, her cyanosis gradually increased, while the respirations became more shallow and frequent, her dyspnoea becoming so great that she was finally unable to

lie down at all. Finally, the aromatic spirits of ammonia, in 30 drop doses, was administered every two hours. I should have added, when describing her general symptoms, that the pulsations of the heart were transmitted to the vessels of the neck, and could there be distinctly seen. The fluid withdrawn from the abdomen when she was tapped was alkaline in reaction, of a specific gravity of 1.009, and consisted of one-third albumen.

Erythema Nodosum from Rheumatism.

The girl I next bring to your notice is suffering from a disease which, if not identical in nature, presents many points of resemblance to that which produced the serious lesions in the case we have just been studying.

While rheumatism is, as a rule, a frank, well expressed disease, yet there are occasionally cases presented to our notice that would seem to belie this characteristic, and this, doubtless, is one of them. Her history is as follows: Eight days ago, she tells us, she took cold; that in consequence she suffered from sore throat, which was of an aggravated form; even now she has some remains of the throat trouble present. At the time that the attack of sore throat made its appearance she also fell a victim to indistinct pains and aches in the limbs. Now all this trouble would seem to have had its origin in the fact that for a number of days before the onset of the disease she had been working in a damp cellar, or underground kitchen. She had at the time more or less fever, and there still remains some elevation of the temperature, the thermometer registering 100°, the respirations being 22, and the pulse 88. Yesterday, there made its appearance, a dark red, nodular eruption, having its seat more especially over the anterior surface of the leg, the skin of which had, in the neighborhood of these spots, an infiltrated appearance. To arrive at a diagnosis of the skin affection, we must take these factors into account; the fact of the patient's having worked (probably, in an overheated condition), in a cold, damp cellar; the fact that she is aware of having taken cold; that fever was present, associated with rheumatic pains. Now, while we know that rheumatism is generally frank and open in its manifestations, we also are aware that it sometimes gives rise to insidious troubles, that, unless we are on our guard, will tax our best efforts to explain and refer to a cause. This erythema nodosum, or dermatitis contusiformis, is a disease in point; while it may occur, perhaps, as an idiopathic state, yet, as a rule, it owes its origin to a rheumatic attack, or to such causes as will ordinarily provoke an attack of this disease in a person subject to it. It is not a very common affection, nor an ordinary complication of rheumatism; it is more important, for this reason, that you should note this case carefully. From this reddened, infiltrated appearance the nodules gradually degenerate, passing progressively through the same stages as a bruise, becoming first black, then blue, and finally fading away through various stages of yellowness, till the diseased condition exhausts itself, and the skin turns to its normal condition.

Bearing in mind the rheumatic nature of this

disease, we should always use in its treatment the remedies which experience has shown us are useful in rheumatism. We, therefore, prescribe, as the fever is not high, twenty grains of acetate of potash, every two hours. In a case accompanied with much fever I should give salicylic acid; but this is unnecessary here. The prognosis is always favorable; the cases tend to get well, when uncomplicated, in a few days, with the treatment I have suggested. You see now how closely you must watch the manifestations of this peculiar poison; how two cases apparently entirely dissimilar, the one a very grave, the other an insignificant trouble, both owe their origin to a common cause, and yet that both will require, to a greater or less degree, the same general treatment, although the temptation is so strong to deal differently with them.

Dysentery.

In closing the hour I shall discuss before you the case of A. G., aged 26 years, a German woman who has been in this country only four weeks; she presents what is, at this time of the year, and in fact what is now, in this city, a rare form of disease, namely, dysentery. The family consists of herself, her husband, and two children. She tells us that while menstruating she caught cold and was seized with a chill, which was followed by pain in the bowels and decided purging, under which latter she rapidly lost strength, the tongue being covered by a brownish-colored fur. The abdomen, upon examination, has a flattened appearance, and upon pressure in the left iliac fossa pain is elicited; this, however, is diffuse. The stools of these patients should always be carefully examined, not only as to their nature, but also as to their number; the mere statements of nurses and friends should not be relied upon in regard to either particular, for their statements, especially as to number, are apt to be colored by their fears and anxieties. It is, therefore, a good plan to make the nurses keep a record of every passage; in this way some idea may be obtained of the progress being made in the treatment of the case. In the case before us thirty-eight movements of the bowels took place within the first twenty-four hours after she came under our care. Now she has but fifteen in the same period of time. The examination of the stools, while not a pleasant duty, is yet a necessary one, for important diagnostic signs are discoverable in them, especially where a case, as the present, occurs in the middle of an epidemic of typhoid fever; the stools, under such circumstances, will oftentimes enable us to recognize at once the disease from which the patient is suffering. The stools of the patient before us were scanty, consisting almost entirely of blood and mucus, with little or no fecal matter. There is no hebetude, no tympany, no rose rash, and no pain in the right iliac fossa, and the patient tells me that before a movement of the bowels she suffers from pain of a gripping character, or as we say, from tormina, together with rectal tenesmus. Her tongue does not present the appearance seen in a typhoid fever case in the second week. The temperature was high when she was admitted, running from 100° to 101°, but it has since fallen off; there was a difference of two degrees be-

tween the morning and evening observations; the thermometer readings are different from those of typhoid fever in the second week; this is another point in diagnosis. This disease is far more rare than it formerly was; more or less of it was always seen in this hospital at certain seasons of the year, notably so in the fall, when malaria was prevalent in certain sections of the city. The question has been hotly discussed as to the contagiousness of dysentery. I think myself, that under certain circumstances it is highly so. Take, for instance, the present case: not only the mother, but the whole family, are down with the disease; she was the first and most seriously affected. She tells us that the four of them lived in a room together, and the probabilities are that the chamber was not emptied as often as used, and that from the passages thus retained in the room the rest of the family absorbed the poison. I had under my care at the Children's Hospital, eighteen months ago, four children with this disease, and they also were not the only ones of their family affected by it. The father and mother died of it, and three other children were also sufferers from it. From investigations which were made, it became evident that the father and mother had contracted the disease from constant exposure to emanations from the stools, which were allowed to remain for hours in the sick-room, while nursing a son. I cannot doubt but that where a person is exposed constantly to an atmosphere poisoned by the emanations from the stools of a dysenteric patient, he too will fall a victim to the disease, in a more or less aggravated form. The question is one that has been and is being widely discussed, and I can but add my experience to that of others, in order that by comparing notes we may eventually hope to arrive at the true solution of the question.

As to treatment: I did not see this woman till eight or ten days after the début of the disease, consequently the first violence of the symptoms had somewhat subsided, or else I would have treated her somewhat differently from the way I have. I administered to her $\frac{3}{4}$ ss of castor oil, with gtt. v of laudanum. Now this may seem to many of you strange treatment for a woman who already was having fifteen to thirty stools a day; but when you pause to consider that with them all but very little fecal matter was found, you see the reason of its administration; the result was a copious discharge of fecal matter, followed by a great sense of relief. After this the bowels were left alone, so far as purgatives were concerned, and a sedative astringent was administered, acetate of lead in two grain doses, combined with half a grain of pulv. opii, being given every four hours. Under this treatment she began to mend rapidly, but it is essential when you give this medicine that the patient should be watched carefully, in order that lead poisoning may not be induced by it. With this danger in view, on the third day I changed my prescription to the nitrate of silver, giving the one-third of a grain at a dose, together with one-quarter of a grain of opium ter die. The nitrate of silver is particularly useful in chronic, or sub-chronic dysentery; where the ulcers left by the disease are disposed to cicatrize, it will undoubtedly promote the pro-

cess; but neither it nor the opium must be pushed indefinitely. The silver, after a time, tends to discolor the skin, but there is no danger of this accident occurring if the use of the drug is stopped at the end of from ten to twelve days; by examining the gums daily this danger need never be incurred, for these will show the silver discoloration before the deposits in the skin are noticeable. In treating dysentery, I have very great confidence in injections into the bowels. The pain in this case was complained of as being very low down, just over the sigmoid flexure, and I concluded that benefit would be derived from an injection, at first once a day, and then oftener, of a pint or more of water, holding a little nitrate of silver in solution; as this would by itself tend to increase the peristaltic action, a suppository of opium was introduced into the rectum immediately after the injection. Now we have, in a week, the passages reduced from thirty eight to fourteen or fifteen a day, the temperature normal, and nearly all febrile symptoms gone. An important point in these cases is the administration of suitable diet; nothing but fluids should be allowed; milk alone, or, if necessary, combined with stimulants, is the best food; beef tea can be used, and when the ulcers are low down, I should not hesitate to permit small pieces of meat cut fine and masticated thoroughly. Keep such a patient absolutely at rest and in bed; make her use the bed-pan, and do not allow her to rise for any purpose; this is of the greatest importance, as one of the first and great objects of the treatment is the conservation of strength, so necessary in order to weather the tremendous drain which such frequent passages make upon the system.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, FEBRUARY 2d, 1882.

Sponge Tents.

Dr. Albert H. Smith. It is not necessary to dilate upon the necessity of mechanical dilators for the neck of the uterus, both as a means of diagnosis and as an important therapeutic measure.

The original sponge tents were made from a flat piece of sponge, saturated with wax and pressed flat between pieces of marble. This form of tent is comparatively useless, as it expands in one direction only. The first suggestion of the present form was, I think, by Dr. Sims, in his work on Uterine Surgery. His method consisted in immersing a conical piece of sponge in a strong mucilage of gum arabic, impaling it upon a wire skewer and winding it tightly with a cord, after which it was hung up to dry, when the cord and skewer were withdrawn and the tent smoothed with sand paper. If the cord was wound on the sponge with sufficient tightness to give the tent useful expanding power, great difficulty was experienced in withdrawing the stylet. I was led to make a few changes in the method, and now employ a cylindrical piece of sponge,

which is saturated with water only, and, without any stylet, is wound with a piece of fishing line, to which a six-pound weight is attached; this compresses it thoroughly, and its form is easily given by the fingers during the process of rolling; the surface should be made as smooth as possible, by means of sand paper.

The tent should be of uniform size from end to end. If it is conical, the tent is introduced as far as possible; but only the small part, without much dilating power, enters the internal os, and it is not unfrequently withdrawn unexpanded, while the external os and the cavity of the cervix are widely dilated. The sponge selected should be strong and fine. I have seen tents made from coarse, rotten material, which would break during the extraction, leaving portions within the cavity of the uterus.

The introduction of medicating materials into an internal cavity of the tent is objectionable, as they usually corrode the sponge, and the space and loose winding necessary to allow the removal of the stylet reduce materially the dilating power. The curved shape is useless, as the uterus can be straightened before the insertion of the tent, and less force is needed for the insertion of a straight one.

To prepare the uterus for the introduction of a tent, first use a dilator of soft metal, or a graduated wax bougie, to straighten the cervix and measure the length and calibre of the uterine cavity, noting tortuosities, etc.; then rapidly introduce the largest tent possible, having first coated it with an enameled material, as soap, and immersed it in a box of salicylic acid in fine powder, which is to be rubbed in thoroughly, to form an antiseptic paste over the tent.

A sponge tent thus prepared may be allowed to remain in situ for forty-eight hours without developing any unpleasant odor, unless there is breaking down tissue which may overpower the disinfecting powers of the acid.

For ease in inserting, I have had constructed a peculiar powerful forceps to hold the tent clamped tightly, and enable the operator to pass it rapidly to its position. Hot water injections after the tent is in position will expand the sponge rapidly and fix it in about a minute. If pain follows the insertion, it can be controlled by opium suppositories.

Time of removal: If the tent is removed at the end of twenty-four hours, it will cause hemorrhage, because the spongioses have buried themselves into the cervical tissues, which grasp them tightly, and a forcible extraction will drag away portions of the uterine tissue and leave a raw and absorbing surface. But at the end of forty-eight hours the tent comes away easily, without any bleeding. The contractile power of the uterus still remains at the end of twenty-four hours, and the presence of a finger or application in the cavity of the uterus causes rapid contraction. At the end of forty-eight hours the uterus is paralyzed, all pain has ceased, and local irritability is less. When the tent is removed, wash out the cavity of the uterus with tepid, salicylated water, and, if necessary, introduce a second tent.

Among the advantages of the sponge tent are its slowness of dilatation—not slowness of expan-

sibility. The power of the laminaria tent is greater as a dilator, but it will slip from the uterus as soon as it has ceased expanding, while the sponge tent will remain as long as it is wanted to. The sponge has also a disintegrating power over morbid surfaces. The healthy tissue will contract again, but diseased structure will not contract but will slough off, its vitality being destroyed. The sponge being porous, discharges will pass through it.

The usefulness of the sponge tent is for both exploratory and therapeutic purposes. It causes less pain than the laminaria tent, and after its removal there is less tendency to contraction, and it is thus more satisfactory for exploratory preparation. The sponge has a stimulant effect on the uterine parenchyma, and in cases of chronic metritis and hyperplastic enlargement it will cause a reduction of bulk. In one case, after the prolonged use of internal applications of iodine, nitric acid, etc., the repeated use of sponge tents resulted in a complete restoration to the natural size. In cases of stenosis the laminaria tent may be preferable, and I prefer it to cutting operations or the use of powerful steel dilators. In one case, years ago, I introduced a sponge tent, in my office, and allowed the woman to walk home and keep about her daily duties. The menstrual flow came on two days later, entirely without pain, for the first time in the patient's experience; the flow escaped through the sponge and the latter was then removed. Conception occurred before the next menstrual period. The sponge tent is also the safest agent for the destruction of granular growths of the endometrium. A patient had been bleeding profusely at every period for three years; supposing a polypus to be the cause, a sponge tent was introduced, to secure dilatation; a finger was introduced into the uterus but finding no polypus, more tents were passed to the fundus; fungoid growths of the endometrium were broken up by the tents. I was disappointed in my expectations of finding and removing the supposed cause of the hemorrhages, but was agreeably surprised to find the patient remain well after the uterus contracted. Another patient was sent to me from Boston, for diagnosis only. I obtained permission to use a tent for exploratory purposes. I dilated the uterus with the largest sponge tent, passed to the fundus, introduced my finger and found fungosities on the anterior wall, but the means intended for exploration resulted in a cure.

In a case of polypoid pediculated growths, I at once dilated with sponge tents, after the use of the wax bougie; the finger found a pediculated growth as large as a hen's egg, but the tent had disintegrated it, and it could be removed by the finger without instrumental aid.

Dr. B. F. Baer reported the following case: In September, 1880, I was asked by Dr. Ch. K. Mills to see Mrs. M. K. She was aged thirty-two, and had had six children, the youngest having been born four years previously. The last labor had been tedious, from uterine inertia, and was followed by a smart post-mortem hemorrhage. Since then she had suffered from a recurrence of metrorrhagia about every two weeks, lasting from a week to ten days each time, and very profusely. The blood loss was attended by

severe uterine tenesmus. In the intervals between the hemorrhages there was a constant mucous leucorrhœa. She complained of pain in the hypogastrium and back. Her appearance indicated anemia and loss of flesh.

Physical examination indicated the following condition: The perineum was slightly lacerated and the vagina relaxed. The cervix uteri was large, soft, from congestion, and lacerated bilaterally, with a swollen, everted and abraded mucous membrane. The body of the uterus was hypertrophied and retroverted, with a slight flexion at the junction of the body and neck. At the point of flexion there was such rigidity of the posterior wall, probably from atrophy, that, when the uterus was replaced, it would return to its old position as soon as released. The sound passed three and a half inches, and proved the uterine cavity to be dilated, and its walls soft and rugous. The internal os, the point of flexion, was quite narrow.

This lady had received proper general medical treatment from her brother, who is a prominent physician, and from others, and during the year previous to coming under my care, she had received local treatment, but with no benefit, so far as the metrorrhagia was concerned.

I diagnosed, as the cause of the hemorrhages, a hypertrophied, granular condition of the endometrium, the result of subinvolution and retroversion of the uterus, with possibly a polypus.

The plan of treatment pursued was absolute rest, vaginal injections of hot water, reposition of the uterus by placing the patient in the knee-chest position, and scarification of the cervix; followed by an application of Churchill's tincture of iodine once every six or seven days. Ergot, and the tincture of nux vomica, with quinia and some other remedies, were administered internally. The constriction at the internal os made it difficult to medicate the cavity of the uterus properly, and it was thought more prudent to await the result of less radical measures. The result, however, was not gratifying, for the hemorrhages continued to recur with as much, if not more, severity than before. I now introduced a laminaria tent and allowed it to remain about twenty hours. I then removed it with some difficulty, for it was grasped firmly by the internal os, the contraction at which point it had failed to fully overcome. The canal was now patulous enough to permit me to pass the dull wire curette, with which I removed, very easily, a large quantity of hyperplastic or granular mucous membrane. But my patient's temperature was up to 100° before I removed the tent, and her general appearance indicated trouble ahead. It is sufficient for my purpose to state that in spite of every effort to combat it, the temperature continued to rise, and the case gave every evidence of septicæmia, with metritis and perimetritis, and went from bad to worse, until death took place, nearly three weeks after the introduction of the tent. Full precautions were taken to guard against septicæmia.

Why did my efforts to benefit this lady end so disastrously? Ought I to have waited, and given a further trial to less dangerous means of treatment? The patient had been in the care of a

competent gentleman for a year before, and he had pursued that plan most faithfully, with no relief, and my own treatment of the case, before I introduced the tent, had continued over a period of two months, and with a like result; the patient was going down hill, and something more had to be done.

Was the result due to the use of the curette? I do not think so, for the material removed was soft and degenerated. It would have been bad practice to have allowed it to remain.

Should I have used a steel dilator instead of a tent? The tent was used for the purpose especially of softening the indurated tissue at the internal os. The steel dilator would not have done that; and it was very desirable that the os should be made patulous by softening of the tissues, so that the body would contract and disgorge the vessels in its walls. The steel dilator would not have fulfilled the indication so well, but it would have been a less dangerous means of dilatation.

Was the operation deferred too long, until, from the loss of blood, the vessels were eager to absorb any fluid which came within their reach, and the blood itself so disabled that it could not purify itself when poisoned? I believe that comes near the truth.

I do not report this case as an argument against the use of tents, but because I believe all such cases should be reported, so that we may not be led to regard dilatation of the cervix as a simple measure, devoid of danger.

This is the only case of death I have had to follow dilatation with the tent. I have never had a case of death to follow dilatation with the steel instrument.

Dr. E. L. Duer described a method of preparing a sponge tent expeditiously. Take a clean sponge, of cylindrical form, dip it into melted wax, or paraffine, and compress it into form as it cools. Tents may be introduced, when speculum and forceps are not at hand, by wrapping the string attached to the tent around the forefinger of the right hand and inserting the thumb nail into the base of the tent. The first and second fingers of the left hand are passed behind the cervix; the tent is then introduced into the os uteri, and the left hand being quickly transferred to the abdomen, counter pressure is made and the tent forced home. Pain following the insertion of a tent is frequently the consequence of pressure upon the fundus, and if the tent be withdrawn one-fourth of an inch the pain will be relieved. The sponge tent is, without doubt, one of the most powerful means for the reduction of uterine hypertrophy.

Dr. Paul F. Mundé agreed with Drs. Smith and Duer, that sponge tents were indicated in uterine hypertrophy and granulations of the endometrium. He has never had any bad results from dilatation of the uterus by mechanical dilators of any form; but he has withdrawn very offensive sponge tents after twenty-four hours' use, and feared danger might be near and wished to avoid it. He can get tupelo tents of any size; they dilate, not too rapidly, but regularly and strongly, and he preferred to use them, as he was afraid of sponge tents.

In a conversation at Richmond, Va., last May, Dr. Smith said that he had views of his own, and

thought the sponge tents were unreasonably looked down upon.

Dr. Mundé agreed with Dr. Smith as to the method of application. He always made use of three steps in the insertion of a tent. He placed the patient in Sims' position. The cervix should be exposed properly and seized by a tenaculum; then the tent, being properly held in a strong forceps, is dipped first into a jar of liquefied carbolic acid, then into a jar of vaseline, and then rapidly passed into the previously cleansed uterine cavity; quickly, if the tent be not too large; if there be any point for it to catch upon, it will catch. At the end of twenty-four hours he always removed the tent, and they were pretty nasty sometimes. He always dreads some bad result, but has been fortunate, so far, and has not seen any. He now uses the tupelo tent, and treats it in the same manner that he previously did the sponge tents. It is easily introduced, it becomes fastened in a few minutes, its effects are good; the patient does not complain of much pain; it does not imbibe so much as sponge and does not sink into the uterine tissue as the latter does, but it is not so efficient in reducing the size of the hyperplastic uterus, for there is nothing else so good as sponge for that. After a tent is removed the uterus should be thoroughly cleansed.

In cases where the sponge was successful for the relief of sterility, a tupelo or laminaria tent would probably have done just as well. A sponge tent increases discharge and causes local irritation, and its removal involves loss of epithelium, and for these reasons it is not generally so good for relief of sterility. As the sponge tent is rough, it sticks, and is introduced with great difficulty if it be of large size in proportion to the calibre of the internal os.

It is a maxim, that a sponge tent must not be introduced into a fresh wound, and does not the dilator or bougie cause a fresh wound? The sponge tent is undoubtedly the best for hyperplasia, but all the other indications are filled by the laminaria, or tupelo tents.

He had experienced the same difficulty as Dr. Smith, in the tapering tent, and had, therefore, cut off the small end of the tent. A Molesworth dilator is open to the same objection in some cases, not dilating either os, but expanding largely in the space between; the conical tent does the same thing; blunt sponges are very difficult to insert; the laminaria has dilated in the cavities of the cervix and body of the uterus, with an hour-glass constriction at the internal os, and it was withdrawn with great difficulty. The tupelo tent dilates more equally, and also more slowly; sponge tents are also hard to withdraw, and should be twisted before traction is made.

Dr. Duer suggested twisting in no direction only, allowing the grasping instrument to be drawn in by the shortening during twisting, until the tent was entirely loose. On one occasion, a piece of tent broke off and remained inside the uterus, but it was extruded by uterine action, and was found in the vagina the next day.

Dr. J. Cheston Morris had found out the uselessness of conical tents, unless inserted in a reversed position; he prefers the cylindrical form.

The cases of death from sponge tents were probably due to the use of three successive tents at intervals of twenty-four hours; he prefers to allow a tent to remain from forty-eight to seventy-two hours; he has never had any serious results; but in consequence of the tents being disagreeable and troublesome, he now uses Molesworth's dilator, and with great satisfaction; but they are badly made, they leak, and are apt to break under necessary pressure. In one case he burst three dilators before he succeeded in effecting complete dilatation. He agreed in the usefulness of this method of treatment for hyperplastic enlargement, and thinks that in many cases it acts in imitation of a miscarriage; expansion, then contraction, with the aid of ergot, will cure chronic metritis and enlargement. He is now using large soft-rubber stems to effect a similar purpose; they gradually overcome the resistance of the internal os, and expand it. He has never used the tupelo tent. In his opinion, it is far safer to allow a tent to remain two or three days than only one. In removing a tent, push in slightly at first, and then make traction with a curving motion. He thinks the position on the back far easier for introducing a tent than Sims' position. He has introduced tents in the manner described by Dr. Duer, without speculum or forceps.

Dr. Mundé. Where should tents be applied? At the office? What should be done with the patient after the insertion of a tent? It is very reprehensible to introduce a tent unless a patient can be kept in bed for one or two days after the removal of the tent; this is a very important point. He is accustomed to introduce all tents in the Sims position, and through Sims' speculum, and has not succeeded so well on the back, because the tent easily becomes rough if not quickly pushed to its place. He introduces the sound, and frequently the hard stem, on the back, pushing the uterus down over the stem by pressure above the pubes.

Dr. A. H. Smith. Success in the treatment of

sterility by means of sponge tents depends upon the relation of the time of insertion to the menstrual period. If used just before the period, it dilates the uterus and expends all its malign influence before the time at which the uterus is expected to receive the impregnated ovum. The tupelo tent fails in fulfilling the indications, as it would not allow the flow to pass through it (unless perforated), and it could not pass beside it, if large enough to be of benefit. He had commenced to use tupelo tents when they were first introduced; he found them very spongy and soft, with slight dilating power, and easily constricted by the internal os; he did not find it to have any advantages over the laminaria or sponge tent; it has great powers of absorption, and had the appearance, when new, of having been used and dried again. ("The tupelo tents are much better made now, are hard, smooth, and have greater power."—Dr. Mundé).

Respecting the use of the bougie before inserting a tent: The bougie does not cause a tear or abrasion of the surface. The wax bougies are flexible, pointed and graduated in form; he has never seen bleeding follow their use; he has never used a steel bougie. He considers that there is far less risk than from the use of mechanical dilators, of which he is much afraid.

There is no difficulty in introducing a cylindrical tent, as it dilates uniformly from end to end, and a smaller tent answers the purpose, as the important point is the internal os; that is where the largest amount of tent is needed. He prefers the position on the back, the relation of parts is more natural and the uterus is more easily straightened by pressure on the fundus above the pubis, making introduction easier.

Tents should never be introduced in the office; it is very reckless; the patient should be put to bed and cleansing injections should be used.

The further discussion of mechanical dilators of the uterus was postponed to the meeting of March 2d.

EDITORIAL DEPARTMENT.

Herpes as an Underlying Cause of other Diseases.

Dr. Moré y Bargit, contributes to the *Revista de Ciencias Médicas*. (October 25th, 1881), of Barcelona, an interesting article on the above subject, in which he says:—

Many diseases are treated as idiopathic which in reality are only symptomatic of herpes. This diathesis often gives rise to certain functional disturbances, such as asthma; or again, to more or less extensive ulcers in different parts of the body; cases of blennorrhœa which had resisted all treatment have yielded when arsenicals were exhibited, which is an evidence that they originated from some herpetic vice; if need be, such examples might be multiplied.

As regards asthma, he mentions the case of a

man fifty years old, who, in 1879, applied to him for treatment. For the past three or four years he had suffered from severe periodic attacks of asthma, which had resisted all usual forms of treatment. The patient was otherwise in good health, strong, and observed no signs of organic lesions of the heart, or lungs.

On being questioned as to whether he had ever noticed any external signs of herpes, he replied that occasionally he had been subject to a rose-colored eruption on the inner face of the arms and over the scrotum, but that it was a very long time since he had been thus troubled, and further that this came to him by inheritance from his father.

Upon these indications the administration of arsenicals was deemed judicious, and he was

advised to continue their use, because if they did not effect a cure, they would certainly bring relief. After a time the *rose colored eruptions* again appeared, and since then he has not suffered from asthma.

In cases of ulcer, these are often due to herpetic taint, and their origin reveals itself when they yield to arsenical treatment. With reference to blennorrhœa, the Doctor, about a year ago, met with a chronic case, in a man, which had resisted every form of treatment. The patient stated that prior to the present blennorrhœa, he had suffered from herpes over the genital organs, that this had entirely disappeared when the blennorrhœa showed itself, and that the herpes had caused him great suffering, owing to intense itching of the parts, while it lasted; he believed that the blennorrhœa was due to a suppression of the herpes. Acting on the indications thus furnished by the patient, arsenicals were prescribed, both internally, and in urethral injections, and at the end of ten weeks, he was entirely cured.

Recently a case of catarrhal conjunctivitis, in a woman, was traced to the presence of herpes, and disappeared under arsenical treatment. I might adduce many other examples, "the doctor says," but it will be enough for the present to detail the following case:—

The patient was a girl, twenty-one years old, of rather weak constitution, and sanguineous disposition, but showing no indications of any particular organic lesions. The menses were regular; however, her appetite was poor, and her digestion slow and difficult, although unaccompanied by any intestinal troubles.

I first saw her on the sixth of last February. According to her statements, for the last six years she had been suffering from ulcer of the womb, and from such severe attacks of asthma that, while they lasted, she was obliged to leave her work (dressmaking), and divest herself of almost all her clothing, so great was her difficulty of breathing.

During the summer she derived great benefit from going out of Barcelona; but as soon as she returned to the city her asthma again came on. She had been all that time under the same physician's care; he had treated the asthma with all kinds of powders, pills, etc., and, according to her say, had given her over a hundred hypodermic injections of different remedies, all without effect.

The ulcer from which she suffered was situated on the right of the neck of the womb. It was about the size of a silver half dime, and was the seat of a somewhat thick leucorrhœal discharge. For the last six years caustics and astringents of all sorts, and even the actual cautery, had been applied, without avail. The patient being always accompanied by her mother, I could not question her, although I had some doubts. It however occurred to me to ask the mother if any of the family had ever been subject to herpes. She replied that they all had been more or less thus affected, including her sick daughter, and detailed various circumstances which corroborated this assertion. This left no doubt but that the asthma and ulcer were due to herpetic taint.

I, therefore, determined on submitting the patient to the following arsenical treatment: For the first week she was given, daily, one-sixth of a grain of arseniate of soda; the second week, one-third of a grain, and thus progressively each week, until five-sixths of a grain daily were reached. We then stopped off for a week, and again commenced the treatment afresh. For the topical treatment of the ulcer, I made use of Ferguson's speculum, and every other day applied a solution of alum. The leucorrhœa was thus gradually reduced, the ulcer healed, and everything returned to its normal condition. The patient recovered her appetite and strength, her color was improved, and the attacks of asthma became milder, and less frequent, until finally, in August last, she was entirely cured.

This shows the influence of herpes in a variety of diseases which at first sight may seem idiopathic, but which, upon careful investigation, prove themselves due to other causes.

Linear Rectotomy for Syphilitic Stricture of the Rectum.

The *British Medical Journal* reports the following case which was operated upon by Mr. Berkeley Hill, in the University College Hospital:—

The patient, E. W., a woman, aged 26, was admitted on May 10th, 1881. She stated that up to about three years before her health had been good, but that since then she had never been well. The history of her illness pointed very clearly to the occurrence of syphilitic infection in the spring of 1878. She first experienced some pain about the vulva, followed by a lump in the groin, which broke and discharged. At about the same time she had a sore throat, general eruption of the skin, and falling of hair. Soon after these symptoms, she began to experience pain during defecation, and some small piles appeared; she noticed also that the feces became smaller, and that she had some difficulty in emptying the bowel. On admission, the patient stated that the bowels were always confined, and that there was much pain and straining at stool; the motions were stained with blood and matter, and there was a constant discharge of blood and matter from the anus. When examined, the margin of the anus was found to be indurated for about two inches. Close to the outlet it was raised in several places into ulcerating nodules; but there were no piles, properly speaking. The gut, for about two inches above the outlet, was uneven and ulcerated, and so much contracted that the finger was clipped as it passed inwards. The stricture terminated at the upper end by a sharp edge, resembling a band; through this the tip of the finger passed.

On May 18th, the patient having been brought under the influence of ether, Mr. Hill introduced one finger into the rectum; he then passed a large curved needle, threaded with silk, through the skin in the middle line just in front of the coccyx, and pushed it on behind the rectum, until it had penetrated to the cellular tissue between the sacrum and wall of the rectum above the indurated part. The point of the needle was then carried into the rectum, the silk thread seized

with forceps, and drawn out through the stricture; the needle was then withdrawn the way it had entered, leaving the silk ligature in its track. To the silk ligature was then attached a strand of wire, and the wire introduced into the track of the needle by pulling on the silk. The two ends of the wire were then attached to an *écraseur*; by tightening the wire the included tissues were divided in the middle line, with very slight hemorrhage. A morphia suppository was introduced and the wound was plugged with dry lint.

On May 25th, a week after the operation, the temperature being then normal, and the patient free from pain, Todd's dilator was introduced, and expanded to three inches in the antero-posterior direction, and two and a quarter inches in the transverse. This expansion of the cicatrizing wound caused very little pain or bleeding. The dilatation was repeated on May 27th and 31st, and on the latter date bougies were ordered to be regularly used.

On June 3d the act of defecation was easy, while the sphincter had regained complete control of the anus.

The patient was discharged on June 4th, seventeen days after the operation. The highest point touched by the temperature was 101.6° ; this was on the evening of the day succeeding that of the operation.

This method was chosen in preference to gradual dilatation by bougies, because the latter is so painful, and affords but temporary relief. Anti-syphilitic treatment was ordered to be continued for some time, in order that any new development of the sclerotic tissue might be absorbed.

Treatment of Ozena.

Dr. Cozzolino, of Naples, has recently written a monograph on this subject. He recommends a pomade as follows:—

R. Hydrarg. chlor. mit.,	gr. xxx	
Sodii benzoat.,	3 iiii	
Sodii salicylat.,	gr. xv	
Thymoli,	gr. j	
Iodoformi,	3j	
Ung. petrolei,	3 ss	
Acidi tannici,	gr. j	
Rosar. essentiae,	3j.	M.

This to be applied locally, after detersive injections, by Weber's nasal douche.

He recommends prudence in the application of mercurials, and attaches particular importance to a general anti-scorfulous treatment.

For ozena from atrophic rhinitis he recommends benzoic acid, certain mineral waters in douches or in powder, such as the water of Saint Christau, justly extolled before him by Dr. Tillot, and that of Casamicciola, etc.

He is no partisan of the tampons of cotton-wool of Gottstein, and prefers to them medicated bougies of gelatine of a form invented by himself—a conical form and 3, 4, or 5 centimeters in length, adapted to the calibre of the nasal fossæ. The object of these gelatinous bougies is that they may remain upon the diseased surface in order to obtain their full action. They are made up with the following ingredients.

1. *Astringent or Anti-catarrhal Gelatinous*

Bougies.—Subnitrate, tannate, and salicylate of bismuth, pure tannic acid, sulphate of zinc, and sulpho-carbolate of zinc.

2. *Emollient or Solvent Gelatines*.—Chloride of sodium, chlorate of potash, chloride of ammonium, neutral alkaline carbonates, employed to dissolve the inspissated secretions in some cases of dry rhinitis.

3. *Modifying or Resolving and Specific Gelatines*.—Preparations of iodine and of mercury, as, for example, iodoform, calomel, or red precipitate. For specific cases, the iodide of sulphur in herpetic lesions, and corrosive sublimate in syphilitic affections.

4. *Anti-fetid or Disinfecting Gelatines*.—Vegetable charcoal, thymol, salicylic acid, and phenol.

The washing ought always to precede the application of the gelatines and the insufflation of medicated powders. The gelatines are applied alternately in each nasal fossa, especially in the evening. In the morning we ought to introduce the bulb of the nasal douche in the opposite nostril to that in which the gelatine had been applied the previous evening.

Temperature in Childbed.

Dr. Napier gives the following conclusions on this subject in the *Edinburgh Medical Journal*, November, 1881:—

1. The average temperature for a few days preceding parturition is 98.5° to 99° : the subsequent heat is modified by the hour of delivery, but to only a small extent. The healthy puerperal range is 2.5° .

2. No temperature over 99° (unless accounted for by individual nervous susceptibility) is normal after four days. The healthy patient may have an occasional night temperature of 100° or 101° within the first four or five days, but a continuing, or even a morning or day record like this requires an explanation.

3. Slight causes, *e. g.*, constipation, retention of urine, etc., give a rise to 99° – 100.5° , sometimes more.

4. Retention of clots or secundines, 99° – 101° , or upwards; 103° at times.

5. Weid has a sudden late temperature of 103.5° , with rapid pulse; the heat falls quickly with the development of the local affection. Other cases of mastitis are mildly febrile for several days.

6. Metritis (endo- and peri-) gives record of 103.5° , with slow pulse.

7. Peritonitis has a single rigor and a sudden early temperature of 104° or upwards; the pulse is wiry. General peritonitis, if severe, 105.5° – 106° .

8. Pelvic cellulitis, oöphoritis, parametritis, etc., have a heat of 101° – 102.5° ; the pulse is weak and irritable. Recurrent rigors mark fresh deposits of pus, and are followed by temporary increased heat, 104.5° .

9. Pyæmia and uterine phlebitis average 103° , perhaps more. Cases in which the veins are rapidly affected are soon 104.5° to 106° , and end speedily. Pyæmia is frequently late in development, 7 to 10 days.

10. Septicæmia varies from 102.5° – 107° . The

heat is never less, at least for some period of the twenty-four hours, than 102.5° , if the case is properly established. The temperature is liable to variations, but after the norm has been reached is less so than pyæmia. There is no security from remission till the night temperature is under 100° . Recovery may take place after 106° , but is rare.

11. Mental emotion may show 104° or even 106° , and we may sometimes have in addition symptoms resembling metro-peritonitis. These cases do not persist, and are generally normal in less than forty-eight hours.

12. If the temperature does not rise within ten days from delivery, there is little risk of grave disease, unless from gross imprudence in exposure to cold, or zymotic infection.

13. Although the temperature is moderately low, 100° - 101° , so long as the pulse continues 120 or more we are not safe from relapse. No anxiety need be felt so long as the temperature is kept under 102° . However fast the pulse, if the temperature continues low the prognosis is favorable. An evident exception pertains when temperature is low from collapse. If the temperature is persistent at 102° , or frequently recurs to this point, there must be an abnormal organic condition.

14. Temperature should be observed night and morning for the first seven days, and daily for three to seven days after, more especially if any instrumentation has been required for delivery, or if zymotic or epidemic disease prevails. When an abnormal temperature is discovered, it should be reduced to the normal as early as possible by one or other agent. It is of the highest moment to bring it down to 100° and keep it there or lower.

Therapeutic Effects of Damiana.

In *Paris Medical*, No. 48, we read that *Damiana Turnera Aphrodisiaca* is a herbaceous plant belonging to the *Portulaca* family, and growing in Brazil and on the western coast of Mexico. Its flowers are white, and have the odor of buchu. It is gathered during August, while its stems are covered with an odoriferous gum-resin.

Damiana has for a long time been used among the Mexicans as a tonic; its stems and leaves are made into a decoction, which is taken to restore strength and nerve energy. It is also given in cases of impotency in either sex. It exerts a specially tonic and stimulating effect on the genito urinary organs of both sexes, and when given in medium doses, acts as an aphrodisiac, an alterative, and a laxative, with a tendency to increasing the urinary secretions and developing sexual desires. In small dose, it appears to have specific tonic effects on all the pelvic organs, and gives increased activity to the secretions. It is also recommended as a nerve.

Damiana, could, therefore, be used as an aphrodisiac in spermatorrhœa, in atrophy of the testicles, and in incontinence of urine; also as a powerful stimulant of the cerebral faculties, and in all accidents attending premature labor, in difficult menstruation, and in the diseases following gestation.

The effects of *damiana* are quite different from those of strychnine, phosphorus, or cantharides, which are given in small doses, for the purpose of obtaining immediate results. It acts, not as an irritant, but as a stimulant of the brain, and a tonic of the nerve centres governing the urino-genital apparatus, and its use has to be continued for several weeks. Its effects are chiefly noticeable on the sympathetic nerves, and when taken in large doses, it produces a peculiar intoxication, attended with slight pains in the prostatic region. Its good effects on the kidneys, the bladder, and the genital organs, are also manifest.

In doses of a teaspoonful three or four times daily, continued for several days, *damiana* has a pleasant laxative effect. The fluid extract is generally prescribed; it is combined with equal parts of pure glycerine, or syrup of *tblu*, or a fruit syrup of some kind. It may also be taken in wine. It is given in doses of thirty to sixty grains, three or four times daily. A solid extract is also prepared, of which the dose is thirty to sixty centigrams, (= gr. iv ss—gr. ix).

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Soluble compressed pellets, a new form of remedies for hypodermic use, and applicable to ophthalmic and general medication. By H. Augustus Wilson, M.D., Ophthalmic and Aural Surgeon to St. Mary's Hospital, and Pathologist to the Presbyterian Hospital, Philadelphia. This little pamphlet comes to us in the form of a reprint from the Transactions of the American Medical Association, 1881.

Dr. Wilson claims the following advantages for this method of preparing drugs:—

1. The convenient size of the pellets.
2. Their immunity from change.
3. Their accuracy of contents and dose.
4. Their certainty and rapidity of action.
5. That they may be used by the mouth.
6. Their adaptability to ophthalmic medication.

—An experimental and clinical inquiry into the etiology and distinctive peculiarities of Traumatic Fever. By B. A. Watson, M.D. This is an extract from the Transactions of the American Medical Association.

—Fifteenth Annual Report of the Columbia Hospital for Women and Lying-In Asylum, for the fiscal year ending June 30th, 1881, comes to us from the Government printing office at Washington.

—Annual Abstract of Ophthalmological Literature. By C. S. Turnbull, M.D. This essay is familiar to our readers, since it is a reprint from the MEDICAL AND SURGICAL REPORTER.

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SPECIALISM IN MEDICINE.

The position of the specialist and the relation which he ought to hold to the general practitioner, is accurately and concisely set forth in the following communication to the London *Lancet*. "Some specialties seem to have got a firm footing among us, and it would not be fair to deny that, honestly practiced, they are of service to the profession and not to the public. But I venture to suggest that, in most, if not all cases, the specialist should be a consultant, pure and simple, and his advice sought only in conjunction with the ordinary medical attendant, or on the recommendation of an *all round* physician and surgeon." This truly ought to be the sphere of the specialist, and were such the case, no objection could be urged against specialism in medicine, since it would be productive of very much unalloyed good.

It is universally admitted that when a man labors day after day in the same line of thought, his perceptions become contracted, his opinions

biased, and his judgment, outside of this special groove, faulty. When a man devotes his life to the exclusive study and treatment of affections of the eye, he soon falls behind the progress of the day, in general medicine, and when called upon to treat a patient, no matter what the nature of the departure from health may be, he is very prone, oftentimes unconsciously to himself, to view the diseased condition through the agency of his favorite and most familiar instrument, the ophthalmoscope, and to give undue prominence to any ocular symptom that may be present, to the neglect or absolute disregard of the more important element which is truly the cause of the disease. With the general practitioner, the case is far different. Accustomed daily to examine a variety of diseased conditions, with their pathological changes seated in different parts of the body, and of a nature the one directly opposite to the other, his comprehension becomes broader day by day, and he is now prepared and ready to give due importance to symptoms that might be overlooked by the specialist, always eagerly looking for symptoms referable to the domain of his favorite study. Therefore, it would be well if a person in poor health would first consult some general practitioner. If, after a careful examination, this doctor discovers the original seat of the disease to be located in the eye, the ear, or the nervous system, he should recommend a consultation with some competent specialist in whichever branch the disease belongs. The examination should be made by this gentleman, and in a subsequent consultation between the specialist and the regular attendant, the plan of treatment should be mapped out, to be carried into effect by the latter. Examinations and consultations should take place as often as considered necessary. In the meantime the general practitioner is prepared and competent to treat any general complications that may arise in the course of the local disease. Or, suppose the disease is made out to be purely a local one, without any constitutional trouble whatever, then might the general practitioner hand the patient over absolutely to the specialist, for relief. The principal objection which the profession see in

specialists, and the greatest evils resulting from the present system, is due to the fact that, as a class (there are some noted exceptions), they resort to judicious but extensive personal advertising, by which means they secure many patients not afflicted with any of that class of diseases of which they have made a special study, but suffering from a general diseased condition, which properly comes under the domain of general medicine, and which they are incompetent to intelligently treat; thus bringing odium and disrepute upon the profession and its members at large. By resorting to the measure recommended by the *Lancet's* correspondent, specialism would be recognized as a valuable branch of medical science, and that class of practitioners would be regarded by the general physician as very valuable aids in the treatment of disease.

THE DANGER OF ADMINISTERING ANÆSTHETICS WITHOUT WITNESSES.

This subject has been written upon time and again, and physicians have been repeatedly warned not to give an anæsthetic to any one, but in an especial manner to avoid using them with females, unless in the presence of witnesses. Yet the advice is unheeded, and every now and then we hear of some unfortunate results from this negligence. This time it comes from the West. An old and prominent physician was visited by a beautiful young lady, for treatment for some sexual disorder. The lady belonged to the blue blood of the city, while the physician had been her grandparents' attendant, and had for years been the family physician. On one of her visits he informed her that an operation was necessary, and induced her to take some anæsthetic. Subsequently, not improving, she consulted another physician, who told her that she was pregnant. In due time a child was born.

The lady made no effort at concealment, but in a short time brought an action for damages against her old doctor. He publicly denied the charge, but refused to go into court and do so under oath. After a few minutes' deliberation only, the jury brought in a verdict against the doctor, assessing the damages at fifty thousand

dollars. The verdict was received with such open manifestations of approval from the judge, as well as the audience, the former publicly shaking hands and congratulating the young lady in court, as to leave no doubt of the sympathy of the public. The case is a sad one; whether guilty or not, this old and established physician has been ruined, socially and professionally, forever.

It should be made a rule, never to be broken, by every physician, when he commences the practice of medicine, to refuse absolutely to administer an anæsthetic to any woman alone, no matter what the collateral circumstances may happen to be.

Women are peculiar and unreliable, and there is no accounting for the queer notions they may sometimes get into their heads; so that no physician is surely safe from trouble who has passed a period alone with a woman who has been made unconscious by an agent administered to her by him.

NOTES AND COMMENTS.

The Working Zone of Anæsthetics.

From the London *Medical Record* we note the following valuable conclusions arrived at by M. Paul Bert, the French Minister of Public Instruction, communicated by him to the Paris Academy of Sciences. His experiments were conducted on dogs, mice, and sparrows, who were kept in chambers containing air along with various proportions of some anæsthetic. In a graduated series of such mixtures of increasing strength, one is found just sufficient to cause insensibility, and proceeding higher, a dose is reached which kills. The interval between these points he calls the working zone. In the cases of chloroform, ether, amylene, bromide of ethyl, and chloride of ethyl, he found the fatal dose to be precisely double the anæsthetic dose. When an animal is made to breathe, in the way indicated, a mixture about the middle of the working zone, it is very quickly anæsthetized, and remains perfectly quiet during the whole experiment (two hours in some cases), not requiring any attention or concern. A very great contrast to the ordinary method by the compress or sponge. M. Bert points out that with the compress, a patient alternately breathes (according

to the amount of chloroform in the compress, or its distance from mouth and nose) a mixture of air and chloroform either below the active dose, within the working zone, or at or beyond the limit of safety. In the case of chloroform, the working zone is very narrow, since while two drachms in twenty-five gallons does not suffice to render a dog insensible, five drachms kills it. While with ether there is an interval of ten drachms between the active and the fatal doses. An anæsthetic acts, not by the quantity respired, but according to its proportion in the inspired air. M. Bert recommends the use of a mask, communicating by a tube with a zinc reservoir holding from fifty to seventy-five gallons of the anæsthetic mixture. The pulse and respiration need no attention. M. Bert's experiments give no guidance to determine the lower limiting dose; this question is still open. The ratio between the limiting doses of protoxide of nitrogen is as one to three.

Acupuncture in Nervous and Spasmodic Affections.

The *Journal des Sciences Médicales*, for December, contains an interesting article on the above subject, by Dr. Arens, from which we extract as follows:—

The Doctor frankly admits that it was accidentally he at first used acupuncture, but that within the last few months it has given him most excellent results, in a number of local spasmodic affections. His first experience was with a lady, who for four months past had suffered from severe gastralgia, attended by nausea and frequent vomitings; this had finally produced considerable exhaustion. Having been called to her during the night, and finding her in great suffering, all other means having failed, he proposed relief by a hypodermic injection of morphia. He had with him Pravaz' injector, but the morphine solution was missing. It was then he bethought himself of acupuncture, and decided on making two subcutaneous punctures over the epigastrium, using for that purpose capillary trocars, which he left *in situ* for five minutes.

The pain diminished soon after the first puncture, and ten minutes later had entirely disappeared. It has not since then been felt, and the cure is a radical one.

Subsequently, in a case of nervous asthma, the Doctor again had recourse to acupuncture, with satisfactory results. The paroxysms were invariably checked, by simply introducing the trocar of an injector two or three times, under the skin, within a small space, on a line with the internal extremity of the clavicle. On several

occasions, not having steel needles at hand, he made use of ordinary pins, and obtained quite as good results. This treatment was successful in over fifty instances. The attacks passed off within ten minutes, and the patient enjoyed quiet rest.

Finally, the Doctor used acupuncture with success in the case of a boy, thirteen years old, troubled with an almost constant nervous cough, lasting from morning till night. Three pins applied, as in the case of the asthma patient, and left in place for half an hour, cured the cough, which has not since then again appeared.

Cases of hysterical cough have likewise been cured, and in some instances, the paroxysms in whooping cough have been greatly relieved. Hence, the Doctor concludes by recommending a more frequent use of acupuncture, and suggesting that it may often advantageously replace hypodermic injection.

Writers' Cramp or Scriveners' Palsy.

Trousseau and other eminent authors have considered this as an incurable affection. The following case, reported by Dr. H. Vigouroux, in *Paris Medical*, Dec. 10th, 1881, will, therefore, be read with interest.

Mr. X, a bookkeeper, noticed that his handwriting was becoming illegible, the pen holder dropped from his fingers, despite his efforts to hold it, and his hand trembled whenever he attempted to write. He consulted several physicians, and followed different treatments, without obtaining any benefit. Finally, he consulted Dr. Vigouroux, who, without any hopes of positive success, advised a trial of the actual cautery. On the 4th of April three rows of five points were applied on the posterior face of the forearm, between the elbow and wrist. On the third day the patient began experiencing relief; pain had disappeared, there was less irritation, and greater ease in holding the pen, but the writing still remained scrawled. Other cauterizations were made on the 11th and 19th of the same month, and a decided improvement was noticeable. The third application was extended over the dorsal face of the hand, to the tip of the little finger, which was the seat of quite a sharp pain, owing to the cramped position in which the hand had to be held while writing. After a fourth application, made on the 3d of May, the handwriting became as perfect as before the cramp set in. To insure complete recovery, three other cauterizations were made, on the 17th of May, 21st of June, and 12th of July; since which the patient has experienced no further trouble whatever.

Iodide of Potassium in Frontal Headache.

The London *Medical Times and Gazette* says:—

Dr. Haley states, in the *Australian Medical Journal* for August, that for some time past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.

The morbid condition here described is so very common, that we would invite the experience of any gentleman who may see fit to give this remedy a trial.

Medico-Legal Importance of Injuries to the Nails.

The *Journal des Sciences Méd.* for November, 1881, contains the following:—

In the researches made by Bean on the growth and development of the nails, he studied the semeiological importance of the furrows, or depressions which are observed in a number of diseases, especially in febrile affections, and he called attention to the medico-legal importance which those furrows would have, in a case where the accused might have some interest in concealing the existence of an anterior disease, the date, duration, and details of which could thus be established. The medico-legal value of those suggestions have lately, and for the first time, been put to practical test by Mr. Contagne.

A burglary was committed during the night of October 28th, and owing to various traces, it was evident that the thief had wounded one of his fingers. A month later three men were arrested on suspicion of having done the deed. On examination, Mr. Contagne found that one of these men bore marks on the medius finger of the right hand, of a lesion of the nail, consisting in a scar about midway of the nail, caused, no doubt, by a wound on its external half, which, while serious enough to have interested the connection of that organ with its matrix, had healed without entailing any necessity for a new nail,

and after a time, had only left a scar, due to imperfect nutrition. During the examination, the accused evinced great uneasiness, and affirmed that the scar was the result of a wound from a stone, received six months prior. The fallacy of this explanation was, however, evident.

It is known that the average growth of the nails on the index, the medius, and the annular fingers, is four millimeters a month.

At a second examination, made on the 30th of December, the distance between the lower edge of the scar and the lunula was found to measure eight millimeters, consequently, a wound at the base of the nail two months earlier, the date of the burglary, could have caused the scar; in other words, assuming the growth of this man's nails to have been normal, the scar indicated an injury received since, but not prior, to two months.

Three other measurements were made, at monthly intervals, so as to prove beyond a doubt that the man's nails grew in a normal manner, and it became, thereby, possible to overthrow his entire system of defence.

Excessive Development of the Breasts Early in Pregnancy.

The London *Medical Times and Gazette* records a case of this kind offered to the Surgical Society of Paris, by M. Monod, in which the breasts had acquired an enormous size by the fourth month of pregnancy. In two former pregnancies, in the same patient, a similar trouble had occurred, and in the second instance large quantities of milk were discharged. In the present case, this unusual development had occurred as early as the second month, and the woman was becoming very thin. The former pregnancies had terminated favorably. The question then arose, as to whether suction or the induction of premature labor was indicated. In view of the fact that suction would have the effect of increasing the secretion of milk, the weight of opinion was in favor of inducing premature labor, if the patient's health should become impaired.

Filaria Medinensis.

At a recent meeting of the Pathological Society of London (*Medical Times and Gazette*), Dr. Finlay exhibited specimens of filaria medinensis for Dr. Mackellar, of Glasgow, who holds that the local irritation caused by these worms is not set up by the death of the parent worm, but by the presence in the tissues of the young, escaped from the broken pieces of the adult female.

Ptyalism in Insanity Treated by Neutral Sulphate of Atropine.

In the *Paris Méd.*, Dec. 3d, 1881, we find a report of Dr. Daujat's therapeutic experiments with neutral sulphate of atropine, administered in the following way:—

R. Neut. sulph. atropine, 30 cm.—gr. ivss.

Distilled water, 300 gm.—℥℥ ixss.

That is 1 milligram to each gram of solution.

The following are his conclusions:—

1. Neutral sulphate of atropine is certainly very efficient in the treatment of ptyalism among the insane.

2. When it does not entirely cure salivation, it greatly reduces it, and on reappearance it never reaches its original intensity.

3. The cure of sialorrhœa usually requires a treatment lasting about three weeks, and the administration of the neutral sulphate of atropine in daily doses of from $\frac{1}{10}$ to $\frac{1}{20}$ of a grain, progressively increased.

4. The length of time required for treatment depends more upon the time sialorrhœa has existed, than on its abundance.

5. Sulphate of atropine agrees fairly well with insane patients, and its best effects have been obtained in cases complicated with bronchorrhœa and epilepsy.

The Treatment of Gunshot Wounds of the Abdomen in Relation to Modern Peritoneal Surgery.

Dr. J. Marion Sims delivered an address on this subject which has been published in the *British Medical Journal*, from which we note the following salient points:—

The principles essential to success which must guide us in all operative treatment of abdominal wounds are—

1. All hemorrhages must be promptly controlled by pressure, ligature, or hæmostatic forceps.

2. The peritoneal cavity must be thoroughly cleaned after operation and before the abdominal incision is closed.

3. The abdominal incision, usually in the middle line, must be properly closed. The divided edges of the peritoneum should be included in the sutures that close the abdominal wound, for if they are not, their raw edges may become adherent to the intestine in such a manner as to cause obstruction to the bowel, when a fatal result may follow. Commenting on the drainage tube, he advocates its use, but cautions us against the danger of ventral hernia from its employment, and recognizes the necessity of discovering some method of avoiding this serious accident.

Sucrate of Lime Liniment for Burns.

In the *Concours Médical* we see that in place of the ordinary lime water and oil liniment, M. Constantin Paul recommends one made from sucrate of lime, according to the following formula: Slacked lime and sugar, in equal quantities, are triturated together. Water enough is then gradually added, until the mixture becomes very liquid. It is allowed to stand for forty eight hours, and then filtered. The solution is evaporated to the consistency of a thin syrup, and this is mixed in equal parts with a solution consisting of one part of glycerine and three parts of oil. This liniment has the advantage of containing a larger proportion of lime in a given quantity. It is applied to burns and covered over with raw cotton.

Testing for Lead in Articles of Food.

We read in the *Concours Méd.* No. 47, of a new process by Dr. G. Ponchet, for the detection of lead in articles of food. The suspected article is treated with its own weight of fuming nitric acid, to which 22 per cent. of acid sulphate of potash is added. When the effervescence is over, an excess of sulphuric acid is added, so as to destroy all of the organic matter, and the whole mass is heated until entirely discolored. Water is then added, and without filtration all of the acid liquid is submitted to the action of four Bunsen elements. All the lead which is present collects on the platinum blade of the negative electrode. From this it is redissolved by nitric acid, again precipitated, and weighed in the form of sulphate.

Adulterated Opium.

The *Sanitary Engineer* calls attention to the fact that the higher grades of opium, rich in morphia, are adulterated or mixed with foreign substances, so as to bring the percentage of morphia down to a uniform standard. For this purpose powdered liquorice root has been used. The propriety of this dilution is then discussed, and the very pertinent question asked, "if proper, why is the dilution not openly admitted or stated on the label?" Whether justifiable legally, or not, it is morally wrong, and ought not to be tolerated. There is one effectual way of stopping it. Every physician should examine the quality of the opium used by the druggist to whom he sends prescriptions, and if found to be adulterated, request him to procure the pure article, or, as an alternative, if the druggist fails to do so, send his business to some one who will.

The Microbi of Blennorrhagic Pus.

The *Journal des Sciences Médicales*, for November, 1881, states that these microbi have already been noticed, but that Mr. Weiss contributes additional interesting data on the subject. The pus examined was taken from both men and women, and all necessary precautions observed. In every case, under the microscope, in the midst of the pus globules and epithelial elements small bodies could be seen, either alone, or united in pairs, or forming more numerous groups, and arranged after a special manner. These corpuscles always have a characteristic appearance. Mr. Weiss examined pus from thirty-two patients, and in each case he found similar parasitical forms. As a check, he examined pus from simple urethritis, balanopostitis, soft and syphilitic chancres, buboes and leucorrhœa, but in no case could he discover the special elements which he considers characteristic of blennorrhagia. Experiments for the purpose of propagation would now be interesting; but they have not, as yet, been undertaken. As regards treatment, Mr. Weiss particularly recommends the parasitocidal qualities of hypermanganate of potassium. In Dr. Spillman's service, in all cases of vaginal blennorrhagia treated by injections with a solution of this salt, in the proportion of 0.25 centigram to the thousand, a rapid and extensive decrease in the number of microbi was noticed; they were found to have lost their coating and to have suffered changes indicating that they had been altered or destroyed by the application of this substance.

Vowels and Consonants.

The physiology of the voice has equal interest for laryngologists and linguists. One of the former, Dr. C. Seiler, of this city, has sent us a reprint from the *Archives of Laryngology*, in which he attacks the definition of vowels and consonants as generally accepted. He claims that the vowels and consonants are not pronounced separately, and that both are essentially vocal, differing from each other only by variations of timbre.

There are grave difficulties in accepting this view. The essential difference between vowels and consonants is not a device of grammarians, as Dr. Seiler says (page 2), but rests on a physiological distinction. The quality of the vowel depends on the length of the vocal tube through which the air is propelled; whereas, a consonant arises from narrowing or closing the tube in some part of its course. There are consonant sounds

which have nothing vocalic in them; as, for example, the "explosives" of Central America, the "clucks," of the Selish, and the "inspirates," of the Hottentots.

The consonants are the fixed and voluntary parts of speech; while the vowel sounds are variable and involuntary, as we notice in the cries of pain or joy, the wailing of babes, and the sounds of lower animals and unconscious natural objects.

Fatal Peritonitis from a Vaginal Injection of Acetate of Lead.

The following case, reported in *Paris Médical*, No. 49, seems to be in favor of the now generally contested possibility that a fluid injected in the vagina may find its way into the abdominal cavity, through the Fallopian tubes.

A woman, 22 years old, was suffering from a severe attack of leucorrhœa. Injections of acetate of lead were prescribed, and these were continued for ten days, with good results. On the eleventh day the injection was taken rather hastily, owing to some interruption, and immediately after the woman complained of violent pains in the abdomen; she became deathly pale and fainted. Dr. Baum, the attending physician, was called in, and diagnosed acute peritonitis, from which the patient died, seventy-two hours after. The autopsy showed that, besides the ordinary lesions of peritonitis, a precipitate of sulphate of lead had been formed on the entire serous surface of the large intestine and across the whole hypogastrium, even as high as the umbilicus. This precipitate had the appearance of small, grayish-black, round peas, which, in some places, were very thickly distributed, while in others only a few could be seen.

Blennorrhagia Treated by Chlorate of Potash.

The *Paris Médical*, Dec. 3d, 1881, reports that Zeitlin has treated fourteen cases of blennorrhagia with chlorate of potash, administered internally, in daily doses of three grams (grs. xl) according to Dachman's method. The results have always been satisfactory. After a few days micturition becomes painless, erections cease, and the discharge is less abundant, and more serous.

The happy effects of this salt are due to the rapidity with which it is excreted by the kidneys, without any change in its composition, and to its local action on the urethral mucous membrane.

Good results have also been obtained with chlorate of potash, prescribed as an injection, and in cases of blennorrhagic or other cystitis its internal use has been found beneficial.

On the Use of Iodoform Spray.

In the *Journal des Sciences Méd.* for December, 1881, M. Dujardin-Beaumetz recommends a new method for the use of iodoform in the case of syphilitic ulcerations, or those attending vaginitis. By means of the spray, he applies, on the affected parts, a solution of iodoform in ether, of which the following is the formula:—

R.	Iodoform,	gr. xv	
	Ether sulph.,	3 iij.	M.

The spray supplies a regular tenuous deposit of iodoform which reaches every fissure. In this way it is possible to reach those deep ulcerations of the throat which are otherwise so difficult to get at. The cure of vaginitis is explained by the effects of iodoform on the little ulcerations of the vulva, which are almost always a determining cause in all painful contractions of the ring. Hence, iodoform is of no service in any form of vaginitis, other than that due to ulcerations or fissures. The author has made no experiments with his process on anal fissures, for which he still believes that dilatation is indicated, but he advises its use in the treatment of vaginitis.

Uterine Colic Caused by the Entrance of a Leech into the Uterus.

In the *Rocky Mountain Medical Times*, Dr. S. Cole reports a curious case. He desired to apply leeches to the cervix uteri. After plugging with cotton the canal of the cervix, he put two leeches into the speculum. They failed to take hold, and after working with them for half an hour, he plugged the vagina with cotton, hoping thereby to hold them in position and thus induce them to bite. Very soon the woman was seized with severe uterine colic. Upon removing the cotton from the vagina he found only one leech. The plugging had fallen out of the cervix and leech number two had crawled into the womb. A uterine probe passed into the womb made the leech so uncomfortable that he soon appeared at the os and crawled slowly out. Had this procedure been unsuccessful, he would have resorted to an intra-uterine injection of warm salt water, salt being very repulsive to leeches.

Warm Ox Blood in Phthisis.

Dr. Bernard, in the *Journal de Thérapeutique*, recommends this rather disgusting remedy as of benefit in the early stages of tuberculosis. The *modus faciendi* is very simple: Every morning the patient goes to a slaughter house and drinks, on an empty stomach, a glassful of freshly-drawn warm ox blood. After a few days, if no vomit-

ing takes place, the dose is increased to two glassfuls. This treatment must be followed to the exclusion of all others, for at least a year. The benefits which have invariably attended it, and which soon show themselves, are regularity of the bowels, relief from coughing, and a return of appetite.

A Dyspeptic Nurse.

Speaking of the character of the attendants of a sick person, Dr. J. Milner Fothergill says: "A pious widow, with dyspepsia and strong religious convictions, is a ghoul when illness is about. She sucks the life out of an invalid, like a moral vampire. As life ebbs she is sustained, and when the invalid has passed the portals of another world she goes away edified, strengthened and encouraged in her murderous mission, fully prepared to extinguish the lives of any number of relatives if ill luck should prostrate them upon the sick bed."

Locomotor Ataxy following Smallpox.

At a meeting of the Harveian Society of London (reported in the *British Medical Journal*), Dr. C. G. Henderson reported a case of confluent smallpox followed by ataxy. He also referred to similar cases recorded by Landouzy and others, and considered that the lesions causing the patient's symptoms were, probably, analogous to those found in diphtheritic palsy and other forms of paralysis noted after acute diseases. The prognosis is favorable in such cases, since, in the majority of instances, it terminates in recovery.

CORRESPONDENCE.

Venesection in Pneumonia.

ED. MED. AND SURG. REPORTER:—

I confess to having allowed my lancet to get rusty, in company with the great majority of my professional brethren. Recently, I visited Robert B., aged twenty, a strong, vigorous youth, ill with pneumonia, and for two days in succession I prescribed the usual remedies, internally and externally. On my *third* visit I found the affected lung, the right, in such a state of engorgement, and the symptoms of oppression of the circulation so alarming, that I tied up the young man's arm and drew fourteen ounces of blood. The pulse came down, the duskiess of the face disappeared, the breathing became easier, and in forty-eight hours my patient was surely (and rapidly) convalescent, making the duration of the active stage, with two days lost in the beginning, before bleeding was resorted to, less than six days. Comment is needless. I want to thank Dr. Corson, for his articles on this subject rang in my ears during those two days.

Preston, Maryland. H. F. WILLIS, M.D.

NEWS AND MISCELLANY.

New York State Medical Society—Seventy-sixth Annual Meeting.

The Society met in annual session, at Albany, in Agricultural Hall, on Tuesday, February 7th. The meeting was called to order at 10 o'clock. by the president, Dr. A. Jacobi, of New York City, and the exercises were opened with prayer by the Rt. Rev. Bishop Doane.

The President then delivered his inaugural address. He said—

Mr. Vice-President, Members and Delegates:

"The third quarter of our first century is just closing. The history of these seventy-five years is of vast importance. At the time when this Society was founded, Bichat first thought of establishing, on a sound basis, a pathology of the tissues. Those times were still the periods of systems and schools; ours has succeeded in establishing scientific medicine on the sound foundation of close observation of the histological elements, and of experiment. In all of the eighteenth century, it was not the professors, but the practitioners who improved medical science. It is a glorious fact in the history of the profession at large, that almost no year has elapsed without the discussion of proper measures for the advancement of medical education. This fact is in accordance with all our republican habits and institutions which stimulate the masses into action in behalf of the general good. In the interest of both the public and the profession, medical education ought to be of the most advanced kind, and the license to practice ought not to be easily obtained.

Perhaps it cannot be proven that any medical schools ever opposed the establishment of a State Board of Examination, which alone might be authorized to convey the license to practice, the right of the college to convey diplomas notwithstanding. If it ever did, it is not probable that any college would now oppose any such movement, which I hope will be set on foot and result in the Legislature passing a proper law.

It is claimed by many that a coöperation with the homœopaths, for the purpose of arranging State examinations would not be out of place at the present time. It is generally asserted by many that there are good reasons for abolishing the boundaries between the several classes of medical men altogether. The homœopaths claim that they do not differ from us any longer, do not mean to differ from us, as formerly they did, and proudly claimed to do. If we have reason to believe that medical science is one and indivisible, and based on logic and experimentation, we may overlook differences and meet with a spirit of reconciliation those who do not encounter us any more, so they say themselves, with the dicta of a school or a sect, but who claim that each individual man among them stands on his own feet, and does his own thinking. A crowd of men facing the profession with the cry of "*similia similibus*," and "no quarter," exclude themselves, and cannot expect kind treatment at our hands. Besides, we are not the only class of what the State calls "lawfully qualified practitioners." It is necessary that in many steps to

be taken before the legislature, we should be in full concord with those who share with us the honor of being called lawful practitioners. I will abide by whatever decision may be rendered the Committee on Revision of the Code of Ethics."

Referring to hygiene, the president said: "I have a word to say in regard to some contagious diseases. It is certain that both scarlatina and diphtheria are contagious, and it is also certain that this contagion extends over the whole period of the disease, and is enhanced by the accumulation of the poison produced by the accumulation of cases. It is also certain that diphtheria will infest all the surroundings of some patients, who will not get well unless removed from them. It is certain that isolation is of paramount importance in these diseases. I hope that a motion will prevail, to suggest the necessity of establishing hospitals for the treatment of diphtheria and scarlet fever within the limits of the large cities. Their proximity need be no source of danger. In conclusion, Dr. Jacobi directed the attention of the Society to the '*danger to life and limb of factory children*.' He recommended that children employed in factories should be under official supervision. They should be examined physically before being allowed to work. No night or Sunday work should be permitted. They should not be allowed to work before the age of puberty."

As an appropriate termination to his able address, the president said: "Twenty-eight years ago, a young refugee from a European State prison set foot on the hospitable shores of this continent. The homeless wanderer is to-day the proudest of your number, for a year ago this week you elected him to the most honorable and honored position the profession of this great State can fill, the first foreign-born president of this Society, so far as I know. I know there is no national profession with the same spirit of hospitality to both new men and new ideas; the same impartiality and absence of territorial narrow mindedness, which is prevalent among the medical citizens of the United States. May that spirit remain intact and chaste for the fourth quarter of this century, and for centuries to come, in the life of the Medical Society of the State of New York." After the reading of the president's address the usual committees were appointed, and general preliminary business transacted.

The first paper read was by Dr. F. R. Sturgis, on "*Hints and Thoughts on Medical Education*." The essential points of this address were that medical education in this country is inferior, because nearly all the medical schools are private business enterprises, and must be conducted to pay running expenses, if nothing more; therefore, bait must be set to lure money from the pockets of would-be physicians; and the suggestion that every professor be paid a salary sufficiently large to enable him to devote his time exclusively to teaching and keeping abreast of the times. (This course has been adopted by the University of Pennsylvania, under the management of Provost Pepper.—Ed.) Dr. Sturgis quoted from President Elliott, of Harvard, "That the University should be more concerned to have a very good school of medicine than a very large one."

After discussion, the second paper, on "De-

fective Construction of Thermometers," was read, by Dr. E. R. Squibb. Papers were also read by title, as follows: "Obituaries of Dr. Levant B. Cotes, by Dr. William Warren Potter, of Buffalo; and of Dr. John F. Whitbeck, by Dr. H. H. Langworthy, of Rochester."

The next paper was by Dr. W. S. Ely, of Rochester, entitled, "Note on Beef Juice."

At the afternoon session, Dr. S. O. Van der Poel read a paper on "The Present Condition of the Tuberculosis Question." Dr. W. W. Potter, on "Genu-Pectoral Posture in Retro-Displacements of the Uterus and Prolapsus of the Ovaries." Dr. E. M. Moore, of Rochester, gave a verbal "Report of a Case of Extraordinary Bone Development." Dr. E. E. Seguin, of New York, read a paper on "Effectual Dosage of Certain Remedies in the Treatment of Nervous Diseases." Dr. Charles S. Bull, of New York, on "Syphilitic Diseases of the Lachrymal Apparatus," and Dr. L. E. Felton gave a verbal description of a new galvanic battery, of his invention. The meeting then adjourned.

At the evening session, the committee appointed to revise the code of ethics made the following report:—

Code of Medical Ethics.

- I. *The Relations of Physicians to the Public.*
- II. *Rules Governing Consultations.*
- III. *The Relations of Physicians to Each Other.*

I. THE RELATIONS OF PHYSICIANS TO THE PUBLIC.

It is derogatory to the dignity and interests of the profession for physicians to resort to public advertisements, private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor without charge, or promising radical cures; or to publish cases or operations in the daily prints, or to suffer such publications to be made; or through the medium of reporters or interviewers, or otherwise, to permit their opinions on medical and surgical questions to appear in the newspapers; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform other similar acts.

It is equally derogatory to professional character, and opposed to the interest of the profession, for a physician to hold a patent for any surgical instrument or medicine, or to prescribe a secret nostrum, whether the invention, or discovery, or exclusive property, of himself or of others.

It is also reprehensible for physicians to give certificates attesting the efficacy of patent medical or surgical appliances, or of patented, copyrighted, or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc.

II. RULES GOVERNING CONSULTATIONS.

Members of the Medical Society of the State of New York, and the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.

The following rules should be observed in conducting consultations:—

The examination of the patient by the consulting physician should be made in the presence of the attending physician, and during such examination no discussion should take place, nor any remarks as to diagnosis or treatment be made. When the examination is completed, the physicians should retire to a room by themselves, and after a statement, by the attending physician, of the history of the case and of his views of its diagnosis and treatment, each of the consulting physicians, beginning with the youngest, should deliver his opinion. If they arrive at an agreement, it will be the duty of the attending physician to announce the result to the patient, or to some responsible member of the family, and to carry out the plan of treatment agreed upon.

If in the consultation there is found to be an essential difference of opinion, as to the diagnosis or treatment, the case should be presented to the patient, or some responsible member of the family, as plainly and intelligently as possible, to make such choice or pursue such course as may be thought best.

In case of acute, dangerous or obscure illness, the consulting physician should continue his visits at such intervals as may be deemed necessary by the patient or his friends, by him, or by the attending physician.

The utmost punctuality should be observed in the visits of physicians when they are to hold consultations; but as professional engagements may interfere or delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but if it be the consulting physician, he should retire, except in an emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing, and under seal, to be delivered to his associate.

III. THE RELATIONS OF PHYSICIANS TO EACH OTHER.

All practitioners of medicine, their wives, and their children while under paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired.

Gratuitous attendance cannot, however, be expected from physicians called from a distance, nor need it be deemed obligatory when opposed by both the circumstances and the preferences of the patient.

The affairs of life, the pursuit of health and the various accidents and contingencies, to which a medical man is peculiarly exposed may require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of

pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of the fraternal courtesy without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

Diversity of opinion and opposition of interest may, in the medical as in other professions, occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians before appealing to a medical society or the law for settlement.

If medical controversies are brought before the public in newspapers or pamphlets, by contending medical writers, and give rise to or contain assertions or insinuations injurious to the personal character or professional qualifications of the parties, the effect is to lower, in the estimation of the public, not only the parties directly involved, but also the medical profession as a whole. Such publications should, therefore, be brought to the notice of the county societies having jurisdiction, and discipline inflicted, as the case may seem to require.

WM. C. WEY, M.D., *Chairman.*

C. R. AGNEW, M.D.,

S. OAKLEY VANDER POEL, M.D.,

WM. S. ELY, M.D.,

HENRY G. PIFFARD, M.D., *Secretary.*

The discussion which followed the reading of the report was long and animated, and participated in by Drs. Roosa, Van der Poel, Piffard, Sturgis, Agnew, and Noyes, of New York city; Hutchinson, of Utica; Ely, of Rochester; Mosher, of Albany; Wey, of Elmira; Squibb, of Brooklyn.

The president delivered his annual address in the Assembly Chamber of the New Capitol. He chose for the subject, "Infant Feeding and Infant Foods." From forty to fifty-three per cent. of the infants that die perish from diseases of the digestive organs. During the first two months of an infant's life, the mother who will refuse breast milk, except from sickness, is an accomplice in the death of her child, should such an event follow.

The common fault of breast milk is an undue percentage of fat, cheese, salt, etc., due to the condition of the blood. Where cow's milk is used the animal should be so fed as to reduce the proportion of fat.

The speaker then described the institutions at Stuttgart and Frankfort-on-the-Main, where cow's milk is prepared for infant food. Among the board of directors are a veterinary surgeon and a chemist. No cows are used except between the ages of three and eight years. The stables are well ventilated, the floors of the stalls cemented and connected by drains with the city sewers. Dry food is used, consisting of certain and stated proportions of such fodder as have proved the best.

The stables are situated near the city, so that the milk will not suffer by transportation, and it is delivered in tightly corked bottles. The milk of a special cow is not given to a special baby, but all is mixed together. The speaker then denounced many of the so-called "infants' food," and pointed out wherein they were deficient.

At the conclusion of the address, a vote of thanks, moved by Dr. S. O. Van der Poel, was unanimously carried.

The annual banquet then took place at the Delavan House. The following toasts were proposed and responded to—

"The Clergy," Rev. Wesley R. Davis; "The Law," Mr. J. Irving Browne; "The Press," Mr. St. Clair McKelway; "The Medical Society of the State of New York," Dr. William Govan; "The ex-Presidents," Dr. S. O. Van der Poel; "The Business Committee," Dr. D. B. St. John Roosa; "The State Board of Health," Dr. Elisha Harris; "The Undertaker," Gen. Chas. Hughes; "The evening of February 8th, 1882," Dr. Frazier; "The Medical Expert," Dr. John P. Gray.

Second Day's Proceedings.

WEDNESDAY, FEBRUARY 8TH.

Society called to order at 10 A.M. Prayer by Rev. Dr. Davis. Dr. Porter reported, as Trustee of the Merritt H. Cash Prize Fund, that there was available for a prize \$127. Dr. E. V. Stoddard made a verbal report for the Committee on Hygiene. Dr. Squibb moved the appropriation of \$100 for the necessary expenses of the Committee on Experimental Medicine. Motion carried. Dr. Daniel Lewis, of New York, read a paper on "The Treatment of Scarlatina," speaking highly of digitalis. Dr. Lorenzo Hale, of Albany, gave "An Improved Dressing for Fractured Clavicle." Dr. H. Knapp, of New York, read a paper on "Croup of Conjunctiva," with remarks on contagious forms of conjunctival inflammation. Dr. John O. Roe, of Rochester, read a paper on "Internal Oesophagotomy."

AFTERNOON SESSION.

Dr. L. Elsberg read a paper on "The Laryngeal Muscles of the Voice, and the Laryngoscopic Images of their Paralysis." Dr. Wm. Hales on "Improved Methods in Laboratory Construction." A biographical sketch of Dr. S. Beebe was read by title. Dr. Austin Flint read a paper on "Hepatic Flatness on Percussion, as Proof against Intestinal or Gastric Perforation in Cases of Acute Peritonitis." A paper on "Treatment of Double Talipes Varo-Equinis by Open Incision," was presented by Dr. A. M. Phelps, of Chatauguay.

Dr. George H. Fox, of New York, read a paper on "The Treatment of Wine Mark by Electrolysis." The object arrived at is to excite sufficient inflammation to destroy the fine network of capillaries. He uses a small brass disk, which carries numerous fine cambric needles, and is attached to the negative cord of a constant battery; they are quickly pressed into the skin and allowed to remain from ten to thirty seconds. The effect of the electrolysis becomes evident in about three weeks. There are some dangers to be apprehended, but generally the operation produces marked improvement.

A case of "Subcutaneous Section of the Femur" was reported by Dr. A. Van Derveer. The operation performed for the relief of ankylosis was quite successful. Dr. H. D. Noyes read a paper on "Division of Optic and Ciliary Nerves for Sympathetic Ophthalmia."

A memoir of Dr. James P. White, of Buffalo, was presented by Dr. Austin Flint, of New York, and Dr. L. Duncan Bulkley read a paper on "The Malignity of Syphilis," with an analysis of 450 cases. After which the Society adjourned until Thursday, February 9th, at 10 A.M.

Third Day.

The Society convened at 10 A.M., and the services were opened with prayer by the Rev. Mr. Ecob.

The following papers were read, by title or otherwise:—

"Application, by Insufflation, of Medicated Powders to the Upper Air Passages, for the Relief of Catarrhal Conditions." "Inflammation of the Shoulder Joint, resulting from Hemiplegia." "Report of a Case of Molluscum Fibrosum." "The Early Diagnosis of Pott's Disease." "The Significance of Pain Referred to the Ear." "On the use of Avena Sativa." "Cases of Glaucoma, in which iridectomy of one eye seemed to precipitate an attack of Acute Glaucoma in the other eye." "A few Original Thoughts on Cholera." "Facial Paralysis Occurring in Connection with Aural Diseases."

The recommendation of the committee relative to the appointment of a State Board of Examiners by the Regents of the University was adopted.

The following officers were then chosen for the ensuing year:—

President—Dr. Harvey Jewett, of Ontario.

Vice-President—Dr. E. D. Ferguson, of Rensselaer.

Treasurer—Dr. Charles H. Porter, of Albany.

Censors—S. D., J. W. S. Gouley, C. R. Agnew, Austin Flint, of New York; E. D., C. E. Nichols, M. H. Burton, W. S. Cooper, of Troy; M. D., Alonzo Churchill, S. G. Wolcott, J. K. Chamberlayne, of Utica; W. D., C. C. Wyckoff, Thos. F. Rochester, of Buffalo, and Henry Lapp, of Clarence.

Committee of Arrangements—Drs. S. B. Ward, W. S. Ely and J. S. Mosher, of Albany.

Committee on By-Laws—Drs. W. C. Way, of Elmira; Alex. Hutchins, of Brooklyn, and Wm. Manlius Smith, of Manlius.

Committee on Hygiene—Drs. E. V. Stoddard, Rochester; Stephen Smith, New York; Jacob S. Mosher, Albany; J. Foster Jenkins, Yonkers; Caleb Green, Homer; Edward Hutchinson, Utica, and Theodore Dimon, Albany.

Committee on Legislation—Drs. Wm. H. Bailey and C. Van Derveer, Albany, and F. R. Sturgis, of New York.

Committee on Medical Ethics—Drs. R. C. Agnew, New York; E. M. Moore, Rochester, and S. O. Van der Poel, of New York.

Committee on Prize Essays—Drs. Thomas F. Rochester, Buffalo; W. S. Ely, Rochester, and W. W. Potter, of Buffalo.

Committee on Publication—Drs. Wm. Manlius Smith, Manlius; Charles H. Porter, Albany; H.

D. Didama, Syracuse, and J. Foster Jenkins, of Yonkers.

Censor of College of Medicine, Syracuse University, John W. Whitbeck.

Drs. Charles N. Hewett, Red Wing, Minn.; Roberts Bartholow, Philadelphia, and Sidney Ringer, London, were elected honorary members.

Drs. Theodore G. Wormley and William Goodell, of Philadelphia, were declared eligible to honorary membership.

The following gentlemen were appointed delegates to the State Medical Societies:—

New Jersey: N. C. Husted, Westchester; Wm. Govan, Stony Point, and Jas. C. Hutchinson, of Troy. Massachusetts: G. G. Monson, St. Lawrence; E. N. Brush, Onedia, and Peter V. S. Prun, of Columbia. Ohio: Thos. R. Pooley, of New York. Pennsylvania: H. C. May, Steuben; S. Van Etten, Orange, and J. W. Moore, of Albany. Vermont: Lyman Barton, Essex, and A. M. Phelps, of Franklin. New Hampshire: Wm. M. Chamberlain.

Delegates to Canadian Medical Association—Drs. John Guerin, Cayuga; D. V. O'Leary, Albany; L. E. Felton, St. Lawrence, and C. C. Dodge, of Clinton.

The following delegates were named to the American Medical Association:—

Drs. W. C. Wey, Elmira; C. R. Agnew, H. G. Piffard, S. O. Van der Poel, D. B. St. John Roosa, F. R. Sturgis, Daniel Lewis, A. Jacobi, F. H. Hamilton, Fordyce Barker, L. A. Sayre, Wm. M. Chamberlain, L. D. Bulkley, A. V. B. Lockrow, New York; W. S. Ely, B. M. Moore, Rochester; W. H. Bailey, Albany; E. S. Howe, Clinton; Harvey Jewett, Canandaigua; John P. Gray, Utica; T. B. Reynolds, Saratoga; N. C. Husted, Tarrytown; Geo. J. Fisher, Sing Sing; J. Foster Jenkins, Yonkers; Thos. F. Rochester, Buffalo; Fred. Hyde, Cortland; G. H. B. Spencer, Watertown; J. C. Hutchinson, E. R. Squibb, Brooklyn; Morris Perkins, Schenectady; Theodore Dimon, Auburn; and J. H. Chittenden, Binghamton.

President Jacobi then returned his thanks for the consideration with which he had been treated during his official career, and after a vote of thanks to the various committees, the Society adjourned *sine die*.

In conclusion, we would acknowledge our obligations to *The Medical Annals*, which was published daily, for much of the above report.

Baron Larry.

On the evening of February 6th, Professor D. Hayes Agnew delivered an address on the life and labors of this distinguished surgeon, before the Philadelphia Academy of Surgery. Jean Dominique Larry was born at Beaudou, near the upper Pyrenees, July 12th, 1766. He was the author of the flying ambulance system during the Napoleonic wars, and the inventor of the lancet-pointed needle. In conclusion, Dr. Agnew said "Larry, as an operator, was judicious, but bold and rapid, and full of gentleness and sympathy. He was to surgery what Napoleon was to the army, the first and greatest." The lecture showed great historical research, and was a most interesting sketch of the life of one of the greatest of surgeons.

An Old Hospital.

The *Sanitary Engineer*, gives the following description of an old hospital on the Island of Malta, which illustrates very accurately the limited knowledge of architectural hygiene which obtained three hundred years ago. The site is the lowest on that side of the town, and all the ground falls towards it. The drains of the town were discharged into the sea, close to the building. Facing the sea, the hospital was exposed to the Sirocco, while it was protected from the healthy north and northwestern winds by the Fort of St. Elmo. The windows in the wards were very small and high, and all along their seaward side were ranged niches, which were used as latrines. Nearly 140 years later several new buildings were so erected as to shut out still more air and light from the original hospital.

Another Death from Supposed Hydrophobia.

Some time since a young lad was accidentally bitten in the finger by a pet dog. The wound was cauterized, and no more thought of it by his family. A month subsequently the boy complained of pain in the hand and forearm of the side that had been bitten. He was taken to a regular physician, and subsequently to an herb doctor. Finally, he was seized with convulsions and died. He was of an exceedingly nervous temperament, and had brooded over the injury. The question arises here, as in other similar cases, did not the boy die of imagination?

—The *Edinburgh Medical Journal* has a poem entitled—

A PSALM OF HEALTH,

From which we quote the following:—

"Tell me not, in scornful numbers
Sanitation is a dream;
Woe be to the man who slumbers,
Thinking drains are what they seem.

Drains are real, bad gas injurious;
If the grave is not our goal,
All past systems are but spurious;
Carefully re-drain the whole.

Ill-drained houses all remind us
Sanitation is sublime;
Shunning the association,
Henceforth, shall be held a crime."

The Sizes of Distinguished Heads.

In *Nature*, Mr. Tuckett gives the following as the sizes of hats worn by different distinguished men. Lord Chelmsford, 6½ full; Dean Stanley, 6¾; Lord Beaconsfield, 7; the Prince of Wales, 7 full; Charles Dickens, 7½; Lord Selborne, 7¾; John Bright, 7½; Earl Russell, 7¼; Lord Macaulay, 7¾; Mr. Gladstone, 7¾; Mr. Thackeray, 7¾; Louis Philippe, 7¼; M. Julien, 7¼; Archbishop of York, 8 full.

Curious Malformation.

A curious case of malformation has occurred in the practice of Dr. Simon Kovrig, of Szamosujvar, in Hungary. The child, which was still-

born, has a "Janus head." At a point corresponding to the centre of the normal forehead, commence two completely developed faces with four eyes, two mouths, and two noses. Posteriorly, there is an ear on each side, and at the point of fusion of the faces anteriorly a third undeveloped ear is to be seen.

Investigations into Diphtheria.

Drs. H. C. Wood and Formad desire to know of the existence of an epidemic of malignant diphtheria, in order that they may continue their research upon the nature of the diphtheritic poison. Dr. Formad will go to any locality within eight hundred miles of Philadelphia. Letters may be directed to the University of Pennsylvania.

Vivisection.

—"Scientific experiments on organic life a necessity; no sin!" was the title of a sermon in favor of legitimate vivisection, delivered on Sunday evening, January 8th, by the Rev. Richard Hill, M.A., at St. Barnabas Church, Stockwell, England. Seats were set apart for the medical profession.

American Diplomas in Australia.

The Department of State has received an official communication from Adelaide, South Australia, from which it appears that an amendment has recently been effected in the medical laws of that colony, whereby the holders of foreign diplomas are entitled to be registered as duly qualified medical practitioners. The Department of State has accordingly been asked to furnish a list of all the schools of medicine in this country which issue diplomas or certificates of sufficient value to entitle their possessors to practice medicine in all its branches, and to hold government medical appointments. The necessary steps have been taken by our government to furnish this information, which will remove all obstacles in the way of American graduates practicing medicine in South Australia.

A Useful Book.

We have received very many letters like the following, which comes to us from a prominent New York physician:—

"Allow me to say a word of praise and recommendation of Napheys' *Modern Therapeutics*. I consider these volumes almost indispensable to every practicing physician, and of especial value to the younger members of the profession, who are not unfrequently at a loss to know how to combine medicinal agents in such a manner as to render them at once palatable and efficient. It is nothing less than a piece of professional good fortune for a practitioner to secure a copy of these works."

We make this quotation, not so much to bring these books to the notice of readers, as to illustrate their particular usefulness, which has not always been understood by those who have given them merely a passing examination.

Items.

—The American edition of Braithwaite is the *Quarterly Epitome*, not *Retrospect*, as we had it in a recent number.

—A man out West feared he was going to have the smallpox, and believing whisky to be a preventive, he drank about three quarts of it. A coroner's jury, the next day, rendered a verdict "that he died from excessive prophylaxis."

—A society of archaeologists recently held a meeting. At the dinner a large fruit pie was produced. "What is it made of?" asked a visitor. "Blackberries, sir," said the first waiter. "Blueberries," said the second. "Whinberries," said the pretty maid. "Bilberries," said Professor Babington. "Whortleberries," said another botanist. "Huckleberries," said another. The first waiter, in despair, came to the most learned looking of the guests and said: "Sir, they say you are a good herbalist; what is the correct name of these berries?" "VACCINIUM MYRTILLUS," was the answer. Thereafter the waiter persisted in calling bilberry tart "*vaccination murderers*."

OBITUARY NOTICES.

—Dr. M. C. Dean, formerly President of the American Dental Association, was found dead in bed at his home in Chicago, January 28th.

—Mrs. Mildred Smith Crosby, widow of the late Professor Alpheus Benning Crosby, M.D., of Bellevue College, New York, died at Galveston, Texas, recently. Mrs. Crosby was a daughter of the late celebrated Dr. William K. Smith, of Galveston.

—Among recent deaths was that of Dr. Joseph Barrett, of Middletown, Connecticut, in his 82d year. He enjoyed at one time a large practice, but gave it up to pursue geological studies. He discovered bird tracks in the Connecticut red sandstone, and became so enamored of such studies that he neglected his business and was popularly supposed to have become a monomaniac.

—Dr. Theodore Schwann, the well-known Belgian physiologist, died in January. Dr. Schwann was born in Neuss, in 1810, and received the degree of M.D. in Berlin, when twenty-four years of age. After serving as assistant naturalist in the Berlin Museum of Anatomy, he was appointed, in 1839, Professor of Physiology in the University of Louvain. Nine years afterward he left Louvain, to fill a similar position in the University of the Liege. Dr. Schwann was a member of the Brussels Academy, and in 1879 was elected a corresponding member of the French Institute. He was the author of numerous scientific works of great value.

QUERIES AND REPLIES.

J. K. L., of Pa.—We have received several letters from homeopathic physicians charging us with injustice in our editorial on "Consultations," especially complaining of our statement that such a consultation is, in a manner, "compounding a social felony." We take it

for granted that any intelligent regular physician looks upon homeopathy as a delusion and an injury to science and to the public. If he does hold this opinion (whether right or wrong), for him to countenance this injurious delusion is nothing less, morally, than would be countenance and protection extended to any scheme for injuring people in person and property. This is what we meant, and we are convinced that we are right.

Dr. E. S., of Florida, asks us to correct and publish formula for "Delirium Tremens," April 30th, 1881, page 489. We have examined the formula there given, and the only exception we can note in it is the large dose of tinct. digitalis, two drachms. Such doses and even larger (f3ss) have been used in delirium tremens with good results, though we would consider it rather reckless medication to employ such very large doses.

Dr. J. E. G., of Wisconsin, asks for a bread for diabetic patients.

Gluten flour, made, to our knowledge, by Farrell & Rhines, of Watertown, New York (and probably by others), is free from bran or starch, and possesses tonic and waste repairing properties. Its use would be indicated in diabetes.

Drs. B. and M., of Ohio.—Vitalized air is a catch-penny expression, and you do well to show up such attempts on public credulity.

Dr. D. A., of Ohio.—Please give exact reference to article on "Spectacles" you mention.

Dr. E. C. K., of Wis.—The fluoric acid referred to is a dilute, medicinal form of the chemical article.

BIRTHS.

VALENTINE.—At Guatemala, in January. Edith Rosette, daughter of Dr. F. C. and Mrs. Valentine.

MARRIAGES.

HABIRSHAW—READ.—On Wednesday, Feb. 1st, 1882, at Trinity Chapel, by the Rev. Dr. Eigenbrodt, John Habirshaw, M.D., and Adelaide M. Read, daughter of the late Arba Read, of Troy, New York.

KENNEDY—STARKS.—At Troy, New York, Feb. 1st, 1882, by Rev. George C. Baldwin, D.D., Dr. Robert Kennedy, Jr., of Philadelphia, Pa., and Miss Clarissa A., only daughter of the Rev. Dr. W. H. L. Starks, of Watertown, New York.

LITTLE—HETHERINGTON.—On Thursday evening, Feb. 9th, 1882, at the residence of the bride, by Rev. C. F. Turner, George Little, M.D., and Jennie Hetherington, both of Philadelphia.

NEWPHER—KEPNER.—On Wednesday, February 1st, 1882, at the residence of the bride's parents, by the Rev. J. A. Peters, John J. Newpher, M.D., of Mount Joy, Pa., and Ella E. Kepner, of Lancaster, Pa.

RANDLE—HARME.—On January 3d, 1882, at the residence of the bride's parents, by the Rev. G. D. Carrow, W. H. Randle, M.D., of Jenkintown, Pa., and Miss Mellie L., daughter of Hon. A. C. Harmer, Germantown.

DEATHS.

BROWN.—On Thursday, January 26th, Dr. W. T. Brown, of Cincinnati, Ohio, in the 47th year of his age.

DODGE.—In Springfield, Vermont, January 25th, William L. Dodge, M.D., aged 38 years, 7 months, 14 days.

PARRISH.—On the 29th ult., at his residence in New York, Miers Fisher Parrish, in the 33rd year of his age, son of the late Dr. Isaac Parrish.

SHAUKLETON.—In Auburn, California, January 22d, 1882, Dr. E. L. Shaukleton, formerly of St. Marys, Ohio, aged 42 years and 9 months.

SHARP.—In Salem, New Jersey, January 20th, Dr. Jacob T. Sharp, in the eightieth year of his age.

STARR.—Died, of hemorrhage of the lungs, at his residence, in Ames, Iowa, January 18th, Dr. Samuel J. Starr, in the 46th year of his age.